



**CROSSROADS**

Community Partnership for Youth, Inc.

**6300 Chimney Rock**

**Houston, TX 77081**

**Main: 713-295-2789**

**Fax: 713-295-2790**

## **MENTORING APPLICATION**

**(PLEASE FILL OUT COMPLETELY)**

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Birth Date: \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_  
(Street) (Apt.) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ # of years lived in Houston \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best method to contact you in the daytime: \_\_\_ Home Phone \_\_\_ Work Phone \_\_\_ Email \_\_\_ Cell

Previous address (\*If above is less than 1 year):

\_\_\_\_\_  
(Street) (Apt.) (City) (State) (Zip)

Other People in Household (include name & age):

\_\_\_\_\_  
\_\_\_\_\_

### **Employment:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Education:**

Last Grade Completed: \_\_\_\_\_ College Degree (s): \_\_\_\_\_

Major: \_\_\_\_\_ University Name: \_\_\_\_\_

How did you hear about the volunteer program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you volunteered before? Yes \_\_\_\_\_ No \_\_\_\_\_

Where and When? \_\_\_\_\_

Please tell us why you want to be a volunteer? \_\_\_\_\_

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What other languages do you speak and/or understand? \_\_\_\_\_

Do you have dependable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

TYPE: \_\_\_\_\_ Vehicle \_\_\_\_\_ Metro \_\_\_\_\_ Other

Special skills, hobbies, or other interests: \_\_\_\_\_

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Please list organizations with which you are affiliated: \_\_\_\_\_

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**Please include a copy of Auto Insurance and Driver's License with application.**



## STATEMENTS OF UNDERSTANDING

I will respect the principles of confidentiality according to the Federal Privacy Act of 1977 and understand that if I release any information about a juvenile, I will not be able to continue as a volunteer.

I assume complete responsibility for any injuries, physical or mental, which I might sustain while volunteering.

I understand and agree that my application will be reviewed. I will submit required references and **give my permission for a criminal record check of my background and fingerprinting to be done** before and periodically during my volunteer service. I understand that any false information on my application may cause for my dismissal from the volunteer/intern program. I also understand that this information will be kept in the strictest confidence and only released with my permission.

I understand that I will be expected to attend an orientation and training session in order to become familiar with necessary policies and procedures. At training I will present my Driver's License or I.D. to CROSSROADS staff for copy if I have not submitted already.

Further, I agree to maintain regular communication with my supervising staff member and be reliable in reporting for scheduled assignments.

I understand if I am charged with a criminal offense I must report this information the next working day to my supervisor or program for which I am volunteering. On the same day, the supervisor/program director must report the charge to the Executive Director/Program Director of CROSSROADS. I will perform no other volunteer responsibilities after this criminal offense charge is made until I am given written clearance to do so by the Harris County Juvenile Probation Department. The Harris County Juvenile Probation Department will evaluate this charge on an individual basis. I understand that depending on the nature and seriousness of the offense, I may be asked to discontinue my volunteer activities.

I will provide CROSSROADS a copy of my Auto Insurance for my personal vehicle and I will keep such insurance current during my volunteer service. Please attach copy to this application before turning it in.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_