



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? _____

What other languages do you speak and/or understand? _____

Do you have dependable transportation? Yes _____ No _____

TYPE: _____ Vehicle _____ Metro _____ Other

Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____

If YES, please explain: _____

(A court action does not necessarily prevent your serving as a volunteer but it is important that you report it.).

Special skills, hobbies, or other interests: _____

Please list organizations with which you are affiliated: _____

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 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 and 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: _____