



AMERICAN ASSOCIATION OF CAREGIVING YOUTH

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MENTOR VOLUNTEER APPLICATION

SECTION ONE- PERSONAL INFORMATION

Date ____/____/____

Name: _____
 Title First Last

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): Home (____) _____ Work (____) _____ Cell (____) _____

When is the best time to call? _____

E-Mail Address: _____

E-mail addresses allow us to contact the greatest number of people most efficiently at a minimal cost. Be assured that e-mail addresses will be used for professional communications only.

Date of Birth ____/____/____ Male ____ Female ____

Volunteer/Caregiving Experience:

Please indicate volunteer/caregiving experience below IF ANY:

Organization	In What Capacity?

SECTION TWO- CURRENT EMPLOYMENT

Are you employed? Y / N ____ Full-time ____ Part-time ____ Retired ____ Student

Employer: _____

Address: _____

City & Zip _____

Phone: _____

Email: _____
 Title/Position: _____

SECTION THREE- MENTOR VOLUNTEER INFORMATION

Do you have any licenses, degrees or skills that might be relevant to mentoring or a special assignment?

What languages do you speak? English Spanish French Hebrew Other _____

Please list two personal references (other than relatives):

1. Name: _____ Phone: _____
 Address: _____

2. Name: _____ Phone: _____
 Address: _____

How did you hear about us? _____

Please check the areas that interest you:

- | | | |
|--|---|--|
| <input type="checkbox"/> Fashion | <input type="checkbox"/> Sewing | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Pets | <input type="checkbox"/> Photography | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Beauty and Hair Care | <input type="checkbox"/> Sports | <input type="checkbox"/> Fishing/Hunting |
| <input type="checkbox"/> Rap Music | <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Music |
| <input type="checkbox"/> Playing an instrument | <input type="checkbox"/> TV Shows | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Health Care | <input type="checkbox"/> Cooking/Crafts/Painting |
| <input type="checkbox"/> Other _____ | | |

What is your preference for assisting various age groups?

Any Age Middle School High School

What school subjects interest you? _____

Would you be willing to volunteer tutor in any of these subjects? yes no

Please indicate the hours and the days you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

What is your geographic service range in Palm Beach County?

- South** (Boca Raton/Delray Beach)
- South/Central** (Boynton/West Palm/Wellington)
- West** (Belle Glade/Pahokee)
- North** (Riviera Beach to Jupiter area)

North/Central (Loxahatchee to Northern West Palm Beach)

I am interested in becoming a mentor because: (check all that apply)

- Role model capable
- Overcame life challenges & would like to help someone else
- Belief in the value of mentoring, and want to make a difference
- I have the time to give
- I wish I had a mentor when growing up
- I think I have the personality and abilities to be a good mentor

Is there anything else you would like us to know about you, please include it here including skills you would like to share:

Working with middle school and high school students can be challenging, which of the following issues might be a problem for you:

- Tardiness
- Apathy
- Silence
- Lack of Responsibility
- Cultural Differences
- Attitude
- Lack of enthusiasm
- Serious Issues
- Talkativeness
- Managing Expectations & Boundaries

SECTION FOUR-BACKGROUND INFORMATION

In order for American Association of Caregiving Youth (AACY) to complete the processing of mentor applications, it is our policy to have a routine local, state and federal criminal/predator background check conducted at the Spirit of Giving office in Boca Raton at 231 NW 13th Avenue in the Vesgo Junior League building. The results of the background check will remain confidential, and the property of AACY.

1. Do you have any objection to undergoing a background check in order to become a mentor?
 yes no
2. Do you have any felony charges?
 yes no
3. Do you have any misdemeanor charges or convictions?
 yes no
4. Would you have any objections to taking a drug test if necessary?
 yes no

If you answered *yes to any of the above please explain*

PHOTO AND PRESS RELEASE

I, _____ do hereby give AACY their assigns, licenses and legal representative's the irrevocable right to use my name, picture, portrait, photograph, and visual likeness in all forms and media in all manners, including photo, film, audio and video representations, for nonprofit public purposes, and I waive any right to inspect or approve the finished product that may be created in connection therewith. I have read this release and am fully familiar with its contents.

SECTION FIVE – TRANSPORTATION

Do you have a car with adequate insurance (\$100,000/\$300,000 limit) on personal auto insurance liability?

____ Yes ____ No How far are you willing to drive? _____ miles

License expiration date _____ License # _____ State _____

Auto insurance expiration _____ Company _____ Policy # _____

In case of emergency contact:

Name: _____ Relationship: _____

Phone(s): _____

I hereby authorize the American Association of Caregiving Youth to (a) verify all statements and references in this application and; (b) undertake a background check on me, including without limitation, the local, state and federal law enforcement agencies and; (c) check Driving History Record if needed.

Mentor Signature: _____ Date: _____

SECTION SIX – ACKNOWLEDGEMENT

This Agreement is intended to indicate the seriousness with which we treat our volunteers. The intent of the Agreement is to ensure you of our deep appreciation of your services and is to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.

AGENCY

The American Association of Caregiving Youth (AACY) agrees to accept the services of: _____ (volunteer) beginning ____/____/____ and we commit to the following:

- To provide adequate information, education, and assistance for the volunteer to be able to meet the responsibilities of his/her position.
- To ensure diligent supervisory aid to the volunteer and to provide feedback on performance.
- To respect the skills, dignity and individual needs of the volunteer.
- To be receptive to any comments from the volunteer regarding ways in which AACY might mutually better accomplish its goals.

- To make every effort to make the volunteer experience a rewarding one.

MENTOR VOLUNTEER

I _____ (volunteer) agrees to serve as a volunteer and commit to the following:

- I will perform my volunteer duties to the best of my ability.
- I will adhere to AACY rules and procedures, including record keeping requirements and confidentiality of AACY clients.
- I will meet time commitments or provide adequate notice so that alternate arrangements can be made.
- I will not use illegal substances or smoke while volunteering with the agency, either at agency offices or in the home of a client.
- I know of no reason, medical or otherwise, which prevent me from carrying out my assigned tasks.
- I certify that all statements are true to the best of my knowledge.
- I give permission to AACY to verify all statements made and to perform a background check.

OATH OF CONFIDENTIALITY

The American Association of Caregiving Youth has a commitment to protect the privacy of the individuals it serves. All representatives of AACY, including volunteers, are bound by agency policy to protect the privacy of those receiving services. I agree not to discuss or disclose client and other agency information except with authorized agency personnel.

Mentor Volunteer Signature _____

Date: _____

Staff Witness Signature: _____

Date: _____

FOR AGENCY USE ONLY:

Date of Interview _____ Interviewed By: _____

Date of Orientation _____ Orientation Conducted By: _____

Date Background Verification/Fingerprints Received _____

Comments: _____

