

Barre City Elementary Middle School Mentoring Application

The following programs are available:

Kids & Company – Grades K-2

- Talk, Listen, Be a role model, Read, Color, Play games
- Any day, lunch or morning

Everybody Wins!Vermont – Grades 3-5

- Foster a child's love of reading & build literacy skills with one-to-one reading & mentoring
- Tuesdays or Thursdays, lunchtime

Barre Youth Mentor Program – Grades 6-8

- Share a hobby or favorite activity with a student (games, building, knitting, sports, cooking, etc.); Talk, Listen, Be a positive role model
- Any day, lunch or afternoon

Once your application is received, you will be contacted to discuss your interests & availability in more detail.

Thank you for volunteering!!

PERSONAL INFORMATION (Please type or print clearly.)

DATE: _____

Name:	Which Mentor Program are you interested in?: <input type="checkbox"/> Kids & Company <input type="checkbox"/> Everybody Wins! VT <input type="checkbox"/> B.Y.M.P.	
Address:	City: State:	ZIP:
Daytime phone: Best time to reach you:	Evening Phone: Best time to reach you:	Date of Birth: Place of Birth:
Present Occupation:	Present Employer:	Supervisor's Name:
Employer's Address:	City: ZIP:	Phone:
Your personal e-mail:	Your work e-mail:	How did you hear about the program?
<p>Additional Information needed for background checks:</p> <p>Please list any state(s) other than Vermont of which you have been a legal resident:</p> <p>Please list any additional names that you have used:</p>		

- Please list any languages in which you are fluent: _____

- Have you previously volunteered with any other organizations? If yes, please explain: _____
- Describe any special skills or interests which may be helpful in matching you with a student (ex: career interests, chess, computers, knitting, specific sport):

- Please check all that would apply in the following statement:

I would be comfortable working with a child who is...

quiet/reserved outgoing/active 'at risk'

Please specify the days and times you would be available for volunteering:

(Please note, the Everybody Wins! VT program currently runs on Tuesdays & Thursdays)

Time	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
Lunch					
PM					

EMPLOYMENT REFERENCE - Please list your current place of employment (if retired, list most recent):

1. Company/Organization: _____
 Address: _____ City/State _____ Zip _____
 Supervisor/Contact person: _____ Phone: _____
 Supervisor/Contact person's email: _____

PERSONAL REFERENCES - Please list three references who can tell us about your character, skills, interests and dependability. Please do NOT list family members.

2. Name: _____ Relationship: _____
 Address: _____ City/State _____ Zip _____
 Work phone: _____ Home phone: _____
 Email: _____

3. Name: _____ Relationship: _____
 Address: _____ City/State _____ Zip _____
 Work phone: _____ Home phone: _____
 Email: _____

4. Name: _____ Relationship: _____
 Address: _____ City/State _____ Zip _____
 Work phone: _____ Home phone: _____
 Email: _____

CONFIDENTIAL

BCEMS Mentoring requires the following information from all volunteers who are working with children. Thank you for your help in providing the safest environment possible for our youth.

- A. Do you use *illegal drugs*? YES NO
- B. Are there any pending criminal charges against you? YES NO
- C. Have you ever been convicted of a felony offense? YES NO
A conviction may not necessarily disqualify you.
List offense, date, and jurisdiction in space below:
- D. Have you ever been charged with child neglect or abuse? YES NO
*Please complete the attached child abuse registry form
- E. Other than above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with working with young children? YES NO
- F. Please explain any "YES" responses. Answering "YES" may not disqualify you.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position, and in interviews with BCEMS Mentoring, that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified, if necessary, by BCEMS Mentoring by contacting persons or organizations in this application, or by contacting any person or organization that may have information concerning me. I release and agree to hold harmless from liability any person or organization that provides information. I also understand that BCEMS Mentoring will check for my records on the national sex offender registry, the Vermont child abuse and neglect registry, and the Vermont criminal conviction search. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with BCEMS Mentoring or my termination as a volunteer.

Signature: _____ Date: _____

Please bring in, mail or fax your completed application to:

Barre City Elementary Middle School
ATTN: Mentoring
50 Parkside Terrace
Barre, VT 05641
Phone: (802) 476-6541 Fax: (802) 476-1492