



Volunteer/Mentor Application Form

P.O. Box 10743
Gulfport, MS. 39505
601-519-0051

No question on this application is asked, or will be used, for the purpose of limiting or excluding any person's right of consideration for mentor or volunteer opportunities.

Name: _____ Date of Birth: _____
(please print)

Home Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Years in profession: _____

Employer: _____ Address: _____

Phone: _____ (Cell) _____ (Home)

E-Mail Address: _____

Do you have any health limitations? _____ Yes _____ No

If yes, please explain: _____

Please list three people you would like to use as character references.

Name _____
Address _____ City _____ State _____
Phone _____ Relationship _____

Name _____
Address _____ City _____ State _____
Phone _____ Relationship _____

Name _____
Address _____ City _____ State _____
Phone _____ Relationship _____



Please list previous work or volunteer experiences with young people, length of time and age of child(ren) (i.e. Scouts, Church, Community, etc.): _____

Please list any special skills, certifications, talents, hobbies or interests: _____

Why do you want to be a mentor/volunteer? _____

Can you commit to 2 hours or more per month for mentoring/volunteering activities? ____ Yes ____ No

Does your employer allow job shadowing? ____ Yes ____ No

Are you willing to work with a child who has disabilities? ____ Yes ____ No

Are you willing to assist your mentee in raising scholarship funds? ____ Yes ____ No

What days/times are you available to volunteer? _____

Motivation for Mentoring: (MENTOR APPLICANTS ONLY)

____ I have an interest in teaching ____ I know a mentor ____ I am a Parent/Have a child

____ I see a need for mentors ____ I saw an ad about the program ____ Word of mouth

____ Someone asked me to be a mentor ____ Religion/Faith ____ Other

____ I belong to a group/organization that is participating in the program

Please submit a professional resume' along with this application.

I hereby certify that the aforementioned statements are true and correct to the best of my knowledge. I hereby grant the organization permission to verify such answers. I understand that any false statement on this application may be considered as sufficient cause for rejection of this application or for immediate suspension of the mentor or volunteer experience.

Signature: _____ Date: _____



Terms of Mentorship/Volunteering

1. Attend a training session, which will prepare you to work as mentor/volunteer, and provide ideas and activities.
2. Follow all policies, rules, and procedures of program.
3. Be professional at all times.
4. Submit to background checks

I agree to all of the conditions stated above and do confirm that I have not, nor am I presently engaged in any activities of a criminal nature. I also grant permission to the program to check with the appropriate authorities (courts, youth agencies, and police, etc.) if necessary, upon matters of record regarding my background or history. **Please Initial:** _____

Pink Lotus Project uses Verified Volunteers to complete all volunteer/mentor background checks. No personal information is shared with us. Volunteer/Mentor is responsible for the cost of the background check. **Please Initial:** _____

Confidentiality Statement

In normal course of my volunteer/mentor assignment and responsibilities, I understand that I may have access to or view information regarding mentee's and their families. With regard to all such information, I agree to observe the organizations strict standard of confidentiality. I further agree that knowledge and information of a confidential nature, gained through my involvement with the organization may not be used, distributed or discussed outside of my volunteer responsibilities.

I understand and agree that breach of such confidentiality shall subject me to termination of my volunteer/mentor assignment.

I hereby attest that I have read this Confidentiality Statement and agree that my continued mentor/volunteer service is contingent upon strict adherence to same. I understand, and agree, that I will be discharged, should I violate the organizations standard of strict confidentiality.

Signature: _____ Date: _____