



Columbia County Youth Mentoring Program



P.O. Box 136, Portage, WI 53901
(608) 742-9227

VOLUNTEER POSITION APPLIED FOR:

DATE:

NAME		SOCIAL SECURITY NUMBER:	
	(Last, First, Middle)	DATE OF BIRTH:	
PRESENT		TELEPHONE NUMBER:	
ADDRESS:	(Street)	WORK NUMBER:	
		CELL NUMBER	
	(City, State, Zip Code)	E-MAIL ADDRESS:	

Date available to begin:

Do you have a Driver's License? None Wisconsin Out-of-State

License Number

Vehicle Insurance Company and Policy Number:
(proof of insurance must be provided)

EDUCATION

School	Name and Location of School	Major Field	Highest Grade Completed	Degree or Diploma Earned
High School		Not Applicable		
College				
Graduate				

SPECIAL SKILLS AND QUALIFICATIONS

Please list any other specific skills, hobbies, and activities that you enjoy:

Professional Licenses held:

Please list any special talents you have to share:

EMPLOYMENT HISTORY

Are you presently employed? Yes No

May we contact your present employer Yes No

List any previous name(s) used in employment history:

Below, list your last 10 years of employment, if applicable.

Company Name	Telephone	Dates of employment
Address		Job Title/Position
Supervisors Name		Salary (ending)
Describe work		Reason for leaving

Company Name	Telephone	Dates of employment
Address		Job Title/Position
Supervisors Name		Salary (ending)
Describe work		Reason for leaving

Company Name	Telephone	Dates of employment
Address		Job Title/Position
Supervisors Name		Salary (ending)
Describe work		Reason for leaving

PERSONAL REFERENCES

(Do not include relatives or previous employers)

NAME	ADDRESS	BUSINESS	TELEPHONE

Please list current volunteer commitments:

Why do you wish to become a mentor?

What is the maximum amount of time per week you would be willing to volunteer?

Have you been convicted of a felony or a misdemeanor in the last 10-years? Yes No

If yes, when?

For what have you been convicted?

Are you subject to any pending criminal charges? Yes No If yes, please explain:

I certify that the answers given to me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements will render this application void, and if selected as a volunteer will result in termination. I agree that Columbia County shall not be held liable in any respect if my volunteering is terminated because of false statements, answers or omissions made by me in this application and through this process.

I hereby authorize Columbia County Mentor Program, in cooperation with law enforcement agencies, to conduct a criminal history search, or any other background search, which may be deemed appropriate. I understand that this information is necessary to assist in determining my qualifications and suitability for the mentor position I am seeking. This search may include but is not limited to Municipal, State, or Federal law enforcement agencies, the Selective Service System, and previous employer, present employer, any personal references, any school, college, university or other educational institution, any law enforcement certification or licensing board of Wisconsin or any other state.

I understand that any offer of volunteering, may be conditional upon passing a physical examination, including substance abuse screening. Refusal to participate will result in termination or denial of mentoring.

Qualified applicants receive equal consideration and no question asked is for the purpose of excluding an applicant due to age, race, religion, creed, color, handicap, marital status, sex, sexual preference, national origin, ancestry, arrest, or conviction record as prohibited by law or regulation.

Signature of Applicant: _____ Date: _____