



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**



MENTORING APPLICATION

Thank you for considering becoming a mentor with the YMCA Mentoring program, where we build a future and change a community. It is a very real way to make a difference in a young person's life. This application is designed to provide us with additional information, which will help match you with the most appropriate youth. Your answers to this application will be kept confidential. If you have any questions, feel free to call Jennifer Pugh, Regional Mentoring Director, at (513) 246-3200 or e-mail mentoring@myy.org.

Please send completed application to: **YMCA Mentoring
Community Services YMCA
2840 Melrose Ave.
Cincinnati, OH 45206**

E-mail: mentoring@myy.org
Fax: (513) 961-3201
...or just drop it off at your YMCA branch!

General Information

Name: _____ Date of Birth: _____

How did you hear about YMCA Mentoring? _____

Do you have a preference on what area you Mentor? _____

Race/Ethnicity:

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic or Latino (of any race)
- Multiracial
- Native Hawaiian and Other Pacific Islander
- Other Race _____
- White/Caucasian

Gender:

- F
- M

Are you a YMCA member? YES NO If yes, which branch? _____

Are you a YMCA donor? YES NO

Are you a YMCA volunteer? YES NO

Employment Information

Employment status: Full-time Part-time Homemaker Student Retired Unemployed

Note: Work experience is not a requirement to volunteer.

Current/Most Recent Employer	Title	Supervisor	Phone	Dates

Academic Information

Note: A high school diploma or GED is required.

Name of School	Location	Degree/ Level Completed	Date

References (2 Personal and 2 Professional – REQUIRED)

Note: YMCA Mentoring checks references on all volunteers, as such; the following information is required of all applicants. (You may list the same three names that you listed on the Volunteer Application. A fourth reference is also required.)

Personal References

Name	Phone	E-mail	Relationship	How long have you know this person?

Professional References

Name	Phone	E-mail	Relationship	How long have you know this person?

Required Background Information

Have you ever plead "guilty" or "no contest" to, or been convicted of a felony? YES NO If yes, please provide dates and details on the back of this form.

Note: Answering "yes" to these questions does not constitute an automatic bar to volunteering. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation will be taken into account.

Are you a registered sex offender? YES NO

All Mentors will be fingerprinted for security purposes.

I understand that YMCA Mentoring reserves the right to terminate me as volunteer at any time without supplying a reason. YES NO

Photograph/Video Authorization: The YMCA Mentoring Program uses photographs of youth and events in its publications and on its website. I, hereby, grant permission to YMCA Mentoring to use my youth's photograph, video, and statements on its web site or in other official printed publications without further consideration, and I acknowledge YMCA Mentoring may choose not to use my youth's photo at this time, but may do so at its own discretion at a later time. I also understand that once my youth's image is posted, it can be downloaded. YMCA Mentoring reserves the right to discontinue to the use of photos, videos, and statements without notice. YES NO

Commitment: I am willing to make a 12-month commitment for the mentoring relationship, averaging 1-3 hours a week. YES NO

Signature

Date

Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

<input type="checkbox"/> weekday mornings	<input type="checkbox"/> weekend mornings	<input type="checkbox"/> Other _____
<input type="checkbox"/> weekday afternoons	<input type="checkbox"/> weekend afternoons	
<input type="checkbox"/> weekday evenings	<input type="checkbox"/> weekend evenings	

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Administration	<input type="checkbox"/> Sports (coaching)	<input type="checkbox"/> Aquatics
<input type="checkbox"/> Events	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Programs	<input type="checkbox"/> Building & Grounds	<input type="checkbox"/> Other _____
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Tutoring	

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

References (only one relative please)

Individuals that can vouch for you.

	Reference 1	Reference 2	Reference 3
Name			
Phone			
Cell Phone			
Relationship			

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. If you are under 18 parent or guardian must sign.

Name (printed)	
Signature	

Volunteer Inquiry Release form

The YMCA of Greater Cincinnati believes the safety and protection of the children we are entrusted to serve is an important priority. Like other organizations, the YMCA of Greater Cincinnati conducts random criminal background checks on individual volunteers.

The attached Volunteer Inquiry Release form discloses information regarding this process and provides us with your authorization to conduct the background check. All adult (over age 18) volunteers are requested to complete this Volunteer Inquiry Release and return it to the branch where you volunteer.

If you have any questions or comments about this process please feel free to contact the Executive Director or Center Director of the branch/center where you volunteer.

We thank you and truly appreciate your interest in volunteer service at the YMCA of Greater Cincinnati.

Volunteer Inquiry Release

As part of my application for volunteer services, I understand that the YMCA of Greater Cincinnati intends to hire Selection Management Systems (SMS) to obtain "Consumer Reports" about me as defined in the Fair Credit Reporting Act (FCRA). These "Consumer Reports" may include information concerning my character, academic background, credentials, work habits, work performance, employment history, general reputation, motor vehicle record, civil litigation history and/or criminal record. (NOTE: This report does not include a credit check)

I understand that as a condition of my consideration as a volunteer, or as a condition of my continued volunteer services the YMCA of Greater Cincinnati rely on any or all of the above referenced information. If the YMCA makes an adverse decision in whole or in part, on the "Consumer Report" obtained from SMS, a copy of the "Consumer Report" and/or a written summary of my "Consumer Rights" can be requested.

I have read the above disclosure and I hereby authorize the YMCA of Greater Cincinnati, SMS or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information services organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am selected as a volunteer, this authorization shall remain on file and shall serve as an on-going authorization for the YMCA to obtain "Consumer Reports" about me at any time during my volunteer service.

A photocopy or facsimile of this authorization shall be as valid as the original.

Signature _____ Date _____

Print Name _____
Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ - _____ - _____

Previous or Maiden Name (if applicable) _____

Street Address _____ City _____ State _____ Zip _____

Driver's License Number _____ State Issued _____

For identification purposes only: Date of Birth _____ Race _____ Gender _____

The YMCA of Greater Cincinnati recognizes that age, sex and race are protected characteristics and that the information requested will not be used as a basis for any volunteer services decision.

FOR OFFICE USE ONLY	
Volunteer for "Ohio Reads":	<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer Program _____	Volunteer Branch _____
Branch Executive Signature _____	