

FAMILIES FOR CHILDREN, INC.

A Foster/Adopt Family Services Agency

VOLUNTEER MENTORSHIP APPLICATION

Print Name(s) _____

Home Address _____

City & Zip Code _____ Phone () _____

Education _____

Previous Volunteer Experience _____

How did you hear about our agency? (Please check one):

_____ Recruitment Fair _____ Flyer _____ Friend _____ Newspaper _____ Phone Book

Do you have experience working with abused and neglected children? _____ Yes _____ No

Other _____

Do You Have Transportation _____ No _____ Yes Driver's License # _____

Car Insurance Company _____

Address _____

Phone _____ Effective dates from _____ to _____

I/We are interested in providing volunteer mentorship for _____ children. _____ Sibling Group
Number of

I/We are interested in mentoring children age _____ (The agency cannot guarantee age preferences)

I/We are interested in the following area of Mentorship (See Mentorship Areas) :

_____ Child Advocate _____ Annual Empowerment Workshop

_____ Agency Events Coordinator _____ Agency Events Coordinator

_____ Other: _____

Signature of Volunteer

Signature of Volunteer

Please Submit Copies of:

(1) Driver's License (2) Verification of Car Insurance (3) Copy of Car Registration (4) Copy of CPR Card (5) Copy of First Aid Card