

Big Brothers Big Sisters of Frederick County

2 East Church Street, P.O. Box 442

Frederick, MD 21705-0442

MENTOR APPLICATION FORM

Name _____ Social Security # _____

Address _____

Home _____ Cell _____ E-mail address _____

Why would you like to be a Mentor? Have you ever mentored before? If yes, where? Was the experience positive or negative? Explain. _____

List any community clubs, activities, or organizations in which you participate.

Please list your current education level. _____

Can you commit to a weekly volunteer assignment during the school year? _____

Do you have any limitations which may hinder your ability to fulfill your commitment?

Please provide information about yourself: (for example) Have you ever lived in another country? Did your family come to the USA from another Country? Have you ever taught before? Do you speak any languages? What languages? What are your interests and skills? *(Please use the back of this page if you need more space.)* _____

I prefer working with:

_____ elementary school student _____ middle school student _____ high school student
_____ female student _____ male student

I am available to volunteer during the following times:

_____ 9am – noon _____ noon – 3pm _____ 3pm-4:30pm _____ lunch hour

Other (please specify): _____

Please list three people who would be willing to offer us references in regard to your commitment, conduct, skills and general abilities. You may use colleagues, but not relatives.

Name _____

Address _____

Home _____ Cell _____ E-mail address _____

Name _____

Address _____

Home _____ Cell _____ E-mail address _____

Name _____

Address _____

Home _____ Cell _____ E-mail address _____

In case of emergency, contact:

Name _____

I understand that as a condition to being accepted as a volunteer with the Big Brothers Big Sisters program:

1. I will have no objection to a reference check.
2. I will serve as a Mentor for _____ (please specify amount of time)
3. I will maintain weekly contact with the student.
4. I will attend an orientation and other training programs, as needed.
5. I will receive supervision from Big Brothers Big Sisters and on-site staff.
6. I understand my signature on this page gives BBBS permission to conduct a background check.

Volunteer Signature

Date