



# MENTOR/VOLUNTEER APPLICATION

Confidential

Enter Site Name (For Office Use Only)

## Part A - Tell Us About Yourself

**Full Name**      First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Maiden: \_\_\_\_\_

**Current Address**      Street \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Phone Numbers**      Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
**Email Address**      Mobile Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**All Previous Addresses for Past 7 Years**

City	State	Zip Code
City	State	Zip Code
City	State	Zip Code

-----  
**Date of Birth (Month/Day/Year)**      **Social Security Number**  
-----

**College Student**      Yes \_\_\_ No \_\_\_      College Name: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Current Employer**      Company Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Previous Employer**      Company Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



Part B - What Others Say About You - References

Please list three personal references including one from your employer or previous volunteer supervisor reference. If a student, please list teacher/professor.

Reference 1

Name Phone Number/Fax Number
Street Address City, State, Zip Code

Reference 2

Name Phone Number/Fax Number
Street Address City, State, Zip Code

Reference 3

Name Phone Number/Fax Number
Street Address City, State, Zip Code

Mentor's/Volunteer's Statement of Application and Authorization of References

I hereby apply for acceptance as a volunteer Mentor/Volunteer for the Dream Academy Learning Center and in recognition of the necessity for careful screening of volunteers, I hereby affirm the following:

- The information I have provided in this application is true and complete to the best of my knowledge;
I authorize the U.S. Dream Academy to investigate my overall qualifications for this volunteer service by contacting any sources that may reasonably be expected to provide reliable information including, but not limited to, the references I have identified;
I authorize the references I have identified to provide to the U.S. Dream Academy any information that may reasonably appear to be relevant to my overall qualifications for this volunteer service; and
I hereby promise that I will not make any claim legal or otherwise, against the U.S. Dream Academy or any reference or other source that seeks or provides information, provided that the reference or source reasonably believes, in good faith, that the information is true and relevant to my service as a volunteer.

Mentor's/Volunteer's Signature

Date

Print Name

**Part C - Providing a Safe Environment for Our Children - We're Really Big On This!**

(A criminal conviction won't necessarily preclude you from participation in the program)

Are you 18 years of age or older?

Yes \_\_\_\_ No \_\_\_\_

Have you ever been convicted of child abuse, neglect, or sexual molestation of a minor? No \_\_\_\_ Yes \_\_\_\_

**If you answered yes, please explain fully. Use an additional sheet of paper and attach to this application.**

Have you ever pled guilty or no contest to any crime, other than a minor traffic violation? No \_\_\_\_ Yes \_\_\_\_

AND/OR Are you under charges for any criminal offense? No \_\_\_\_ Yes \_\_\_\_

**If you answered yes to either question, please explain fully. Use an additional sheet of paper and attach to this application.**

**Mentor's/Volunteer's Authorization for Records Check**

Recognizing the need for careful screening as a mentor/volunteer who works with our children, I agree to the following:

- ◆ I understand that a national criminal records check will be conducted upon submission of this application. By signing below, I hereby consent to any such check. The cost of this criminal records check will be paid for by the organization requesting such a check.
- ◆ A facsimile or photocopy of this authorization shall be as valid as the original.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

*The following questions are optional. This information is requested so that U.S. Dream Academy may fulfill statistical reporting obligations for Federal funding.*

**Race:**  American Indian/Alaska Native  Asian  Black / African-American  Caucasian  Native Hawaiian/Other Pacific Islander

**Ethnicity:**  Not Hispanic / Latino  Hispanic / Latino

*Please Return Complete Application to:*

**U.S. Dream Academy, Inc.**

**1155 S. Glendale Drive**

**Salt Lake City, UT 84104**

**Fax 801.973.9499**