



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Reach & Rise® Mentor Application

Thank you for your interest in becoming a mentor with the Reach & Rise mentoring program. It is a great way to make a difference in a young person's life. This application is designed to provide information to help us match you with the most appropriate child and your answers will be kept confidential. **For security & safety purposes, all mentor applicants will need to have fingerprints or background checks completed and cleared before being matched with a group.** If you have any questions, please contact the Program Director.

Please mail, fax, or email your completed application to:

Chelsey Martell
Ocean Community YMCA
95 High St, Westerly, RI 02891
cmartell@oceancommunityymca.org / (401) 596-2891 / (401) 596-4031

Mentor Information:

Name: _____ Date: _____

Gender: M F Age: _____ DOB: _____

Address: _____ City: _____ Zip Code: _____

Home #: _____ Work #: _____

Cell #: _____ Email: _____

Best Way to be Contacted: Home # Cell # Work # Text Email

Best Times to be Contacted: _____

Occupation: _____ How Did You Hear About Us? _____

Please Answer the Following Questions:

Do you have any felony convictions? YES NO

Have you ever abused or molested a child? YES NO

Please check the groups you are available and/or interested in volunteering for:

16 Week Fall Group 16 Week Spring Group 8 Week Summer Group

Do you have any transportation or geographic/location restraints? _____

Why do you want to become Group Mentor? _____

Do you have any experience working with, volunteering, or spending time with youth? If yes, explain: _____

Please describe any **other** volunteer experiences you have: _____

Why do you think youth are referred to mentoring programs? How do you think they would benefit from being in a mentoring group? _____

Do you have any academic pursuits/experience that is related to working with youth? Explain: _____

Do you have any experience being a part of a group or team? Give example: _____

Do you have any experience running or facilitating a group/team? _____

What's your comfort level with leading a group of youth? _____

Who was a mentor for you as a child? What qualities did they have that helped you? _____

Please describe your relationships with your family (e.g. parent(s)/guardian(s), siblings, etc.) both **past & present**. Include how you were disciplined as a youth and by whom. _____

Please describe past and current patterns of drug and alcohol use: _____

What are some of your interests & hobbies? Anything you'd like to share with mentees? _____

Do you have a preference as to the age, gender or ethnicity of the youth you'd work with?

References:

The YMCA checks references for all volunteers and the **Reach & Rise**® Mentoring Program requires 2 Personal References & 2 Professional References. The following information is required of all applicants.

PERSONAL REFERENCES

NAME	PHONE	E-MAIL	RELATIONSHIP TO YOU?	HOW LONG HAVE YOU KNOWN THIS PERSON?

PROFESSIONAL REFERENCES

NAME	PHONE	E-MAIL	RELATIONSHIP TO YOU?	HOW LONG HAVE YOU KNOWN THIS PERSON?

You just finished the first step toward applying to be a mentor & we look forward to getting to know you! Your application will be reviewed by the Program Director and you will be contacted regarding an interview, training group dates, & additional steps needed to complete the application process. YMCA reserves the right to terminate a volunteer applicant or volunteer at any time if needed.

Mentor Applicant Signature

Date

PRIVILEGE AND CONFIDENTIALITY NOTICE: Please note that the information contained on this document is protected and confidential. This document is intended for use by an authorized employee or agent of the YMCA. Any dissemination, distribution or copying of this document is strictly prohibited. If you have received this document in error, please notify the sender or intended recipient immediately.

Part 2
Ocean Community YMCA
Application for Volunteer Service

Please mail, fax, or email your completed application. For pdf (hard copy) please contact 401-596-2894 ext 121:

Thank you for considering The YMCA as a place to donate your time and talents. Volunteers are vital to the YMCA. Without them, we wouldn't be able to meet the needs of the children, families, and adults who live in our community.

At the YMCA, we know that your time and talent are precious, and we want every minute you spend with us to be worthwhile. That's why we are asking you to take a few minutes to fill out this application. It will help us to begin to make the right match between your skills and interests and the opportunities available.

You will find questions on this form about your background, former residences, places of employment, and so on. All volunteers will be criminal background and reference checked. It's just one of the many ways we help protect children and other members served by the YMCA.

Mr. Mrs. Miss Ms. Rev. Dr. Other_____

Name (Last, First, Middle):

Address:

City:

Home Phone:

Cell Phone:

How long have you been at this address?

Are you 18 years of age or older? yes no (If no, please have a parent or guardian sign the application too).

Emergency Contact

Name:

Relationship:

Address:

City:

State:

Zip:

Interests

How did you learn about volunteer opportunities at the YMCA?

Why would you like to volunteer?

Have you heard about any particular volunteer opportunities that interest you?

Are there any particular skills, talents, or interests you'd like to share?

What other organizations have you volunteered for, if any?

Are you a member of the YMCA? Yes No (Membership is not required)

RESIDENCES

Please list your last two addresses (excluding your current address) starting with the most recent:

1. Street Address City State Zip From when to when? (include month/year)

2. Street Address City State Zip From when to when? (include month/year)

EMPLOYMENT HISTORY

Please list your last three employers, starting with the most recent:

1. Name of organization Employed from when to when? (include month/year)

Address

Telephone

State job title and describe work

Name and title of immediate supervisor

2. Name of organization Employed from when to when? (include month/year)

Address

Telephone

State job title and describe work

Name and title of immediate supervisor

3. Name of organization Employed from when to when? (include month/year)

Address

Telephone

State job title and describe work

Name and title of immediate supervisor

Military History

Have you ever served as a member of the U.S. armed forces? Yes _____ No _____

If so, which branch?

Were you honorably discharged? Yes _____ No _____

If no, please explain the circumstances of your discharge?

Did you attend service school or receive special training?

EDUCATION

	Name, city and state for each school	Course of study	Start and end dates	Did you graduate?
High School				
Trade or business				
College				
Other				

Other skills (caring for children, languages, etc.)

BACKGROUND

Please list any other names you may have used in the past:

Mentor Applicant Signature

Date