



Volunteer Mentor Application

Participant's Name:		
Address:		
Phone:		Email:
Birthdate:	Age:	Grade in School:

Volunteer Opportunities: <input type="checkbox"/> Homework Help <input type="checkbox"/> Mentoring Activities <input type="checkbox"/> Fitness Programming <input type="checkbox"/> Special Events (trips, parties, etc.)	Availability (Times & Days): <input type="checkbox"/> Mondays 3:30pm – 5:30pm <input type="checkbox"/> Tuesdays 3:30pm – 5:30pm <input type="checkbox"/> Wednesdays 3:30pm – 5:30pm <input type="checkbox"/> Thursdays 3:30pm – 5:30pm <input type="checkbox"/> Fridays 3:30pm – 5:30pm <input type="checkbox"/> Weekends 3:30pm – 5:30pm
---	--

Emergency Contact (other than legal guardians):	
Name:	Relationship:
Phone Number:	

Reference 1	
Full Name	Relationship:
Email:	
Organization:	Phone:

Reference 2	
Full Name	Relationship:
Email:	
Organization:	Phone:

Reference 3	
Full Name	Relationship:
Email:	
Organization:	Phone:

Mentor Questionnaire

Please answer the following questions:

1. Why do you want to be a Teen R.E.C. Mentor?
2. What kind of skills and positive characteristics can you bring to the Teen R.E.C. Afterschool Club?
3. What are your passions & hobbies?
4. List your **five non-negotiables**.
These are 5 of your deepest held beliefs or values. Take your time on this question. This will help us in getting to know who you are.
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.