

3. Please read and initial the statements below:

_____ I understand that the Mentoring Program involves a strong commitment and I agree to dedicate a minimum of **one Saturday per month** to volunteer my services and skills during an Ervin Academy or Mentoring Program event.

_____ I understand that the total volunteer obligation and commitment is for **one year** rolling calendar year. I agree to this commitment.

_____ I agree to complete the mentoring program's required orientation session(s) and at least two training sessions during the year of my participation and commitment.

_____ I understand and agree to fully disclose if I have been convicted of any felony and misdemeanor crime(s) within the United States on this application and during the background check process.

_____ I agree and understand that if I have any concerns with regard to the physical and emotional safety and stability of my student and/or myself directly or indirectly resulting from and/or obtained by my participation in this mentoring program, that I will notify The Ervin Academy's President (Ingrid Ervin) **within 4 hours of awareness/notification**. This includes any alleged forms of child abuse, criminal activity, drug and alcohol usage etc. by the mentee, their family member, myself, a member of The Ervin Academy staff, another tutor, mentor, volunteer and/or vendor.

_____ I understand and agree that to fully disclose in this application, and during the background check process, if I have been accused and/or convicted of any felony/misdemeanor offenses involving minor children under the legal age of consent of 18yrs. Please provide the details. _____

4. Yes No Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance? Please explain and provide the **case number, state(s)** and **date** which the incident occurred:

5. Yes No Are you under current indictment or has a district/county attorney ever accepted an official complaint for any of the offenses listed and not listed in question #5?

6. If the answer is **YES** to questions 4 or 5, please explain below. Please include all indictment information:

7. Educational Background (mark one):

- | | |
|---|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Graduate/professional school |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Technical school |
| <input type="checkbox"/> Some college | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> Other (please specify) _____ | |

8. What days of the week are you available to volunteer? (Check all that apply):

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

9. What is the best time for you to volunteer? (Check all that apply):

- Mornings
- Afternoons
- Evenings
- Weekends

10. Please list two - four references (please include at least one family member, one personal friend and one work reference):

Name _____
 Address _____
 City _____ State/ZIP _____
 Phone number _____
 Relationship _____

Name _____
 Address _____
 City _____ State/ZIP _____
 Phone number _____
 Relationship _____

Name _____
 Address _____
 City _____ State/ZIP _____
 Phone number _____
 Relationship _____

Name _____
 Address _____
 City _____ State/ZIP _____
 Phone number _____
 Relationship _____

Other Information:

1. How did you hear about The Ervin Academy's Mentoring Program? _____

2. Do you speak a foreign language? _____ If yes, please specify fluency: _____

3. Please list any hobbies or interests you have: _____

4. What clubs, organizations (civic, religious, professional) or groups, if any, do you belong to?

5. Please put an X by the activities you enjoy the most:

- | | |
|-------------------------------------|--------------------------------|
| ___ Playing sports (type) _____ | ___ Hiking and being in nature |
| ___ Watching sports (type) _____ | ___ Career development |
| ___ Writing | ___ Cooking |
| ___ Reading | ___ Playing games |
| ___ Listening to music (type) _____ | ___ Using computers |
| ___ Entrepreneurship | ___ Visiting museums |
| ___ Attending plays | ___ Visiting zoos and parks |
| ___ Going to the movies | ___ Arts and crafts |
| ___ Other _____ | |

6. Do you have any special conditions we should know about such as significant life changes, disabilities, religious beliefs and/or any challenges with drugs or alcohol? If so please explain.

This information is **CONFIDENTIAL**. _____

7. Have you had any prior experience working with teen males (paid or volunteer)? If yes, please explain:

Applicant's Certification

By completing The Ervin Academy's Mentoring Program mentor application, I understand that The Ervin Academy routinely performs criminal background checks of all volunteer applicants for the position of Volunteer for which I am applying. This background check will be completed and process upon my signature below. If I fail to sign, it may be grounds for declining me as a Mentor.

I also agree to abide by the rules and regulations of the program and fully discharge The Ervin Academy, its Mentoring Program, staff, faculty, Board of Directors, students and mentees from any all State of Georgia legal liability and legal claims directly resulting from my volunteerism and any accidents and injuries directly resulting from my participation in this program. This includes all legal attorney's fees and associated costs according to the State laws of Georgia.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that any misinformation knowingly and intentionally provided here, and on subsequent Mentor application forms, is grounds for *immediate* dismissal.

Signature

Date

Do Not Complete

For Program Staff:

Date application received: _____

Date application reviewed: _____

Name of Approver: _____

Date application approved: _____

Approved volunteer participation period: _____