



## Youth Empowerment & Support (YES) Mentoring Program

### Volunteer Application

Thank you for your interest in our mentoring program. In order to gain an understanding of your background and experience, please complete this form and attach your resume.

**APPLICANTS ARE ENCOURAGED TO PROVIDE COMPLETE INFORMATION. PLEASE PRINT OR TYPE.**

Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

#### About You

College/Degree: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

College/Degree: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

List Hobbies, Skills, and Interests:

\_\_\_\_\_  
\_\_\_\_\_

Why would you like to mentor with the YES mentoring program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past Experiences with Children along with Contact Information:**

Experiences should be formal, within the last five years.

Name of Organization: \_\_\_\_\_

Person to Contact & Telephone Number:

\_\_\_\_\_

Dates of Experience: \_\_\_\_\_

Age of Children: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Person to Contact & Telephone Number:

\_\_\_\_\_

Dates of Experience: \_\_\_\_\_

Age of Children: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Person to Contact & Telephone Number:

\_\_\_\_\_

Dates of Experience: \_\_\_\_\_

Age of Children: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

If you have volunteered with more agencies, please list the names here:

\_\_\_\_\_  
\_\_\_\_\_

References (Name, organization, phone number, relationship to you):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Availability: Please put an X on the box that corresponds.

	After 3 p.m.	After 5 p.m.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

	Between 1 p.m. – 5 p.m.	Between 5 p.m. – 9 p.m.
Saturday		
Sunday		

**STATEMENT OF UNDERSTANDING AND AUTHORIZATION**

Child Guidance Center of Southern Connecticut, Inc. (CGC) is a non-profit children’s mental health agency that is dedicated to improving the mental and behavioral health of children and teens through treatment, education, and community support. In seeking volunteers for our Y.E.S Mentoring Program (YES), CGC does not discriminate in any way; however, the desires of the child’s parent or guardian are respected in the selection of an appropriate adult for each child. All information regarding health, personality, behavior, and sexual orientation shall be held in confidence with the exception of information deemed relevant to the match process by CGC staff. CGC staff will share with the parent or guardian any information relevant to the match, while withholding the volunteer name until the actual match is made. Any party has the right to refuse to enter into the match based upon information communicated by the agency staff.

Please read the following statements carefully, as they represent matters of importance to you and to CGC, in connection with this application to volunteer as a YES Mentor and the activities you would perform as a YES Mentor (Volunteer Activities). You understand and agree that:

1. The information provided in and with this application and during your interview(s) is true and complete to the best of your knowledge. Any false or misleading statements on this application, on your resume or in your interview(s) will be sufficient cause to justify CGC’s refusal of this volunteer opportunity or, if you hereafter volunteer as a YES Mentor, termination of your participation in the program.
2. CGC may verify all of the information that you have provided on this application; you release CGC and its representatives from liability for seeking such information and release from all liability whatsoever any and all persons, institutions, business entities and corporations providing CGC with such information. As part of the application process, CGC may ask you to provide additional personal information prior to making any recommendations for assignment.
3. You agree to allow CGC to collect the following information as required by the Connecticut State Department of Children and Families (DCF):
  - a. Connecticut State Police Background check for felony convictions
  - b. DCF Child Protective Services background check to release any information relating to child abuse or neglect to which you may have been named
  - c. A physician’s letter and tuberculosis test to indicate that you are physically fit to perform the Activities for which you are volunteering, without endangering your own health and safety or the health and safety of others and to confirm that you have been tested for tuberculosis
4. This is no way obligates you to perform any Volunteer Activities nor is CGC obligated to match you with a child.
5. You may not disclose the confidential information of clients (children and their families) to any person other than persons who have a legitimate need for such information and to whom the clients have authorized disclosure. Confidential information in your possession must be returned to CGC at the conclusion of your association with CGC.
6. You understand and agree that there may be some risks in performing Volunteer Activities and you knowingly and voluntarily assume all risks associated with the Volunteer Activities you perform, including the risk of personal injury, illness, disability, property damage or loss, or death. To the extent permitted under law, you agree to release, discharge and hold harmless CGC, its successors and assigns from any and all liability, claims or demands which may arise from the Volunteer Activities you perform.
7. Please note that CGC does not maintain health, medical or disability insurance coverage for its volunteers. Also, since you are not a CGC employee, you would not be covered by any workers’ compensation insurance coverage for any injuries you may sustain while assisting CGC.

Please acknowledge your understanding and agreement with these terms, by signing and dating this form below:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date: