



Windsor County Partners

MENTORS for YOUTH

PO Box 101, Windsor, VT 05089 • 802-674-5101 or 800-491-5101 • www.WCPartners.org • info@WCPartners.org

LET'S DO LUNCH MENTOR APPLICATION

Name: _____

Mailing Address: _____

Physical Address: _____

Home Telephone: _____ Work Telephone: _____

May we call you at work? _____ E-mail address: _____

Employment History

Current Occupation and Place of Employment: _____

Education

Please list any post-secondary education and degrees awarded. _____

Legal History

Have you ever been convicted of a misdemeanor or felony? _____

If yes, please give details: _____

Community Involvement

Previous or current experience working with children: _____

Describe what motivated you to become a mentor: _____

Describe what you think being a mentor will be like: _____

Interest/Availability

What are your hobbies, sports, skills, and interests? What else would you like to share with or teach a child? _____

Can you commit to mentoring a child one hour per week? YES NO

Which day of the week is best to meet with your mentee? MON TUES WEDS THURS
FRI

What time of day you would be available to meet your mentee at school? LUNCH AFTER
SCHOOL

Describe availability: _____

What age group(s)/school(s) would you feel most comfortable with? (circle all that apply)

K- 2nd Grade (Elm Hill)

3rd-5th Grade (Union Street)

6th – 8th Grade (Riverside)

9th -12th Grade (High School)

Please give us any information that will help us find the best match for you (interests, temperament, etc.):

REFERENCES: Please list three persons (with city, state and phone number and/or email)

- 1) _____

- 2) _____

- 3) _____

I, the undersigned, state that the above information is true, complete, and accurate to the best of my knowledge. I also understand that any misrepresentation is grounds for dismissal from the program. I understand that all of the information given on this application remains confidential. Windsor County Partners custom matches all partnerships and does not guarantee that a volunteer applicant will be matched. Windsor County Partners reserves the right to terminate a partnership at any time if doing so would be in the best interest of the child, the volunteer, or the program. I hereby authorize Windsor County Partners Inc. to complete and review of background checks through the Department of Motor Vehicles, Vermont Criminal Information Center (or other states if applicable), Vermont Agency of Human Services, FBI and National Sex Offender Registry. A photocopy of this release form will be valid as an original writing of my signature.

Signature: _____

Date: _____