



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

SENIOR PARTNER APPLICATION

Name: _____

Phone: Home _____ Work _____

May we call you at work? Yes / No

Cell _____ Email _____

Mailing Address: _____

Physical Address: _____

How did you learn about Windsor County Partners? _____

Residential History - Please list street addresses and dates covering the last 7 years.

Employment History

Current Occupation _____

Please list the name, location and date of employment for each employer for the last 7 years. For example,

Windsor County Partners Windsor, VT Jan. 2007 to Present.

Employment history, continued...

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

References Please list 3 people you have known for more than three years, including one relative, whom we may contact for personal references. If you are currently employed, please list your supervisor (ideally) or another co-worker as one of your references. Also, if you have recently moved to this area, at least one reference should be local, even if the individual has known you for less than three years.

Please list ALL of the following: Name, relationship, town of residence and phone number.

1. _____

2. _____

3. _____

Legal History

Do you have a valid driver's license? _____ In what state(s)? _____

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

Have you ever been charged with a DUI? _____

Community Involvement

Current community commitments:

Other (past) volunteer experiences:

Interests, etc.

What qualities do you possess that would make you an effective Senior Partner?

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

Can you commit to about two hours per week (6-8 hours per month) for one year as a Senior Partner? _____

Do you see yourself working with a particular type or age of child? Please explain.

Optional: Please feel free to describe the importance of faith experiences in your life.

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 only the information relevant to the match is shared with the family. 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 to the Executive Director of Windsor County Partners Inc. a review of and full disclosure of my references, my past employers, and a background check through law enforcement and judicial court records. A photocopy of this release form will be valid as an original thereof, writing of my signature.

Signature _____ Date _____