



MY MENTOR MY FRIEND

Volunteer Application

For Office Use Only:	
Date Rec'd:	
School:	
VR DB:	Date:

Name: _____
 Title First Middle Initial Last

Address: _____
 Street Address Apt. # City State Zip County

Primary contact phone number: _____ Other: _____

Greater Cleveland Volunteers may text me at _____ with volunteer opportunities, event reminders and other announcements: Yes No

Email Address: _____ Gender: Male Female

Date of Birth (Month/Date/Year): _____ Are you an US Veteran? Yes No

How did you hear about Greater Cleveland Volunteers/My Mentor My Friend? _____

If you are currently volunteering, please list the name of the agency and the volunteer job title.

Are you interested in: Steady volunteer assignments One-time events or Both

I am available to volunteer: Weekdays(daytime) Weeknights(after 5) Weekends

I grant Greater Cleveland Volunteers permission to publish any pictures that may be taken of me: Yes No

HEALTH: Do you have any health or physical limitations which prevent you from certain volunteer activities?

Yes No If so, what are those limitations? _____

Name of Emergency Contact: _____ Phone # _____

INSURANCE: My Mentor My Friend volunteers are covered by free excess accident insurance while traveling to and from their volunteer activities and excess accident and liability insurance while volunteering. Please list your beneficiary for the insurance policy.

Name of Beneficiary: _____ Phone # _____

Beneficiary Address: _____
 Street Address City State Zip

Will you drive to and from your volunteer assignments? Yes No

Driver's License Number (begins with 2 letters): _____ Expiration Date: _____

I agree to volunteer my services through Greater Cleveland Volunteers and understand that I am not an employee of Greater Cleveland Volunteers. Please sign this form and return it by mail or fax.

Signature

Date

Supplemental Volunteer Information Form

Volunteer Name: _____

The following information is required by our funding sources. The information is reported in total, not by individual, and kept confidential. We ask your cooperation in answering the following questions.

How would you describe yourself? African American American Indian or Alaskan Native

Asian Caucasian Native Hawaiian or Pacific Islander

Are you: Hispanic or Latino Not Hispanic or Latino

Please indicate your annual income level: Below \$11,880 Above \$11,880

Please check off any areas in which you possess skills or talent which you are willing to share as a volunteer.

ARTS & CRAFTS	CLERICAL/BUSINESS	EDUCATION/YOUTH	COMPUTERS & TECHNOLOGY
<input type="checkbox"/> crafts	<input type="checkbox"/> accounting/bookkeeping	<input type="checkbox"/> art teacher	<input type="checkbox"/> internet
<input type="checkbox"/> crochet/knitting	<input type="checkbox"/> clerical work	<input type="checkbox"/> child care	<input type="checkbox"/> teaching
<input type="checkbox"/> flower arranging	<input type="checkbox"/> data entry	<input type="checkbox"/> creative writing	<input type="checkbox"/> website design/maintenance
<input type="checkbox"/> painting	<input type="checkbox"/> mailings	<input type="checkbox"/> ESL instruction	ENVIRONMENT/NATURE
<input type="checkbox"/> photography	<input type="checkbox"/> receptionist	<input type="checkbox"/> GED instruction	<input type="checkbox"/> environmental advocacy
<input type="checkbox"/> sewing/quilting	TRADES	<input type="checkbox"/> librarian/library aide	<input type="checkbox"/> gardening/landscaping
HEALTH	<input type="checkbox"/> carpentry	<input type="checkbox"/> mentor	<input type="checkbox"/> naturalist/assistant
<input type="checkbox"/> blood mobile worker	<input type="checkbox"/> construction	<input type="checkbox"/> music teacher	SPECIALIZED FIELDS
<input type="checkbox"/> health aide/nurse	<input type="checkbox"/> electrical	<input type="checkbox"/> storytelling	<input type="checkbox"/> attorney
<input type="checkbox"/> health educator/outreach	<input type="checkbox"/> painting	<input type="checkbox"/> teach/tutor adults	<input type="checkbox"/> bartender
<input type="checkbox"/> hospice care	<input type="checkbox"/> plumbing	<input type="checkbox"/> teach/tutor children	<input type="checkbox"/> cooking/chef/catering
<input type="checkbox"/> medical records	<input type="checkbox"/> repair	<input type="checkbox"/> teacher's aide	<input type="checkbox"/> creative writing
<input type="checkbox"/> yoga/exercise instruction	SOCIAL SERVICE	RETAIL/SALES	<input type="checkbox"/> disaster preparedness/relief
SPORTS/LEISURE	<input type="checkbox"/> assisting older adults	<input type="checkbox"/> cashier/sales clerk	<input type="checkbox"/> entrepreneur
<input type="checkbox"/> baseball	<input type="checkbox"/> crisis support	<input type="checkbox"/> donation sorter	<input type="checkbox"/> fundraising/special events planning
<input type="checkbox"/> basketball	<input type="checkbox"/> driver/escort	<input type="checkbox"/> inventory	<input type="checkbox"/> grant writing
<input type="checkbox"/> board games	<input type="checkbox"/> friendly visitor	<input type="checkbox"/> management	<input type="checkbox"/> marketing
<input type="checkbox"/> bowling	<input type="checkbox"/> guardian	ENTERTAINMENT	<input type="checkbox"/> military/working with veterans
<input type="checkbox"/> card games	<input type="checkbox"/> hunger relief- food pantry	<input type="checkbox"/> acting	LANGUAGES
<input type="checkbox"/> coaching	<input type="checkbox"/> hunger relief- home delivered meals	<input type="checkbox"/> clown	<input type="checkbox"/> Arabic
<input type="checkbox"/> football	<input type="checkbox"/> job coach/mock interviewer	<input type="checkbox"/> dancing	<input type="checkbox"/> Braille
CULTURAL/COMMUNITY	<input type="checkbox"/> social work	<input type="checkbox"/> face painting	<input type="checkbox"/> German
<input type="checkbox"/> information desk/outreach	<input type="checkbox"/> working with disabled	<input type="checkbox"/> magician	<input type="checkbox"/> Russian
<input type="checkbox"/> registration table	<input type="checkbox"/> working with ex-offenders/prisoners	<input type="checkbox"/> play an instrument	<input type="checkbox"/> Sign
<input type="checkbox"/> tour guide/docent	<input type="checkbox"/> working with homeless	<input type="checkbox"/> singing	<input type="checkbox"/> Spanish
<input type="checkbox"/> usher	<input type="checkbox"/> working with refugees	<input type="checkbox"/> teach an instrument	<input type="checkbox"/> Additional Languages spoken: _____
Other skills not listed:			

Place an X in front of the statements that are true for you. They will help us find a volunteer placement for you:

- ___ A. I am a doer, not a talker ___ H. I am meticulous and get frustrated when actions aren't done properly
- ___ B. I want to get out and make changes ___ I. I like social/group activities best—doing things with a crowd
- ___ C. I like making and fixing things ___ J. I like being outdoors
- ___ D. When I see people needing food, I want to make a difference
- ___ E. I enjoy helping people learn new things or identify solutions
- ___ F. I like listening to people (in person or on the phone), and helping them feel less lonely.
- ___ G. I am persuasive and good at getting people to support goals

BACKGROUND CHECKS: All My Mentor My Friend volunteers are required to take a background check. Refusing to do so will exclude you from serving in the program. Not all convictions will prevent your service. However, failure to report convictions prior to the background check will prevent you from serving in the program.

Have you ever been convicted of a crime? Yes No

Why would you like to be a Mentor? _____

Please describe any experience you have had working with children or in a school:

What qualities do you have that will make you an effective Mentor?

What types of things would you like to learn as a Mentor?

Which TWO (2) days would you prefer to volunteer?

_____ M _____ T _____ W _____ TH _____ F

Are you able to volunteer for an entire school year? (September – May)

_____ Yes _____ No

Please describe any concerns or questions you may have about becoming a MENTOR:

Experience: Please list your most recent volunteer or employment experience.

1. Name of Organization/Company: _____

Contact Name: _____ Phone: _____

Responsibilities: _____

Length of time with organization: From _____ To _____

Please use the above person as a reference.

2. Name of Organization/Company: _____

Contact Name: _____ Phone: _____

Responsibilities: _____

Length of time with organization: From _____ To _____

Please use the above person as a reference.

References: If not already listed above, please list 3 references, **NOT a relative**. Please list phone numbers where they can be easily reached, preferably during daytime hours.

1. Name: _____ Phone: _____

Alternate Phone: _____

2. Name: _____ Phone: _____

Alternate Phone: _____

3. Name: _____ Phone: _____

Alternate Phone: _____

I have read and understand the application and have completed it with accurate information.

Please return the application to the **Greater Cleveland Volunteers** office. The **My Mentor My Friend** coordinator will call you to complete your application process for the mentoring program.

Your Signature

Date



**Your application is complete.
Thank you for applying to My Mentor My Friend!**

**Return signed application to:
Greater Cleveland Volunteers
My Mentor My Friend
4415 Euclid Avenue, Suite #200
Cleveland, OH 44103-3758**