

Youth Guidance Volunteer Information Application

Date form completed: _____

Name _____
(First) (Middle) (Last) (Maiden)

Address _____
(Residence) (Zip Code)

(Mailing Address if different from above)

Email: _____

How would you like to receive our monthly newsletter? _____ email (full color!) _____ regular mail

Home Phone: _____ Business: _____ Cell: _____

How You Can Make a Difference in the life of a Child in need?

___ As a Mentor: who would be matched with one child and spend at least 2-4 hours a week with that child.

___ As a Periodic Volunteer: who could volunteer just 2 hours per year. You would be paired with a child for the duration of one of our activities.

___ As a Support Volunteer: who helps us with fundraisers, office work, donations, etc.

Where did you hear about the Youth Guidance Program? _____

Date of Birth _____
(Month, Day, Year)

Place of Birth _____

Social Security Number _____

—
Driver's License Number _____
(State) (Number)

STATEMENT REQUIRED PURSUANT TO FLORIDA STATUTES SECTION 119.07(5) FOR COLLECTION OF SOCIAL SECURITY NUMBER:

Indian River County collects your social security number for identification and identity verification purposes as required to perform a felony and background check.

Gender M ___ F ___ Marital Status: Single ___ Married ___ Divorced ___ Widow ___

Race: White Black Hispanic Other (explain) _____

Physical Condition: Excellent ___ Good ___ Fair ___ Poor ___

Education: High School Graduate Yes ___ No ___
College Graduate Yes ___ No ___
Currently Enrolled in College? Yes ___ No ___

Major area of academic training: _____

Are You Employed? Yes ___ No ___ Where? _____

What is your position? _____ What hours do you work? _____

Name and occupation of Spouse _____

Children's Names _____ Age _____ Gender _____

What are your hobbies and recreational interests? _____

Have you ever worked with children before, teenagers or younger? Yes _____ No _____

If so, describe briefly: _____

Age of child preferred (please check): 5 - 8 9 - 12 13 - 15 15 & up No preference

List Organizations with which you have been or are affiliated: _____

Why are you interested in volunteer work with children? _____

What types of activities are you interested in doing as a mentor? _____

Are you willing to work with children with delinquency issues? Yes _____ No _____

Are you willing to work with a child who has a parent in federal prison? Yes _____ No _____

Would you consider mentoring more than 1 child? Yes _____ No _____

Have you ever been charged or convicted by any law enforcement agency (federal, state, local or military) for violations of any law, regulation or ordinance? (including traffic violations, except speeding or parking tickets unless excessive): Yes ___ No ___ If yes, Explain: _____

It is a normal part of our procedure to make such inquiry on the suitability of any volunteer, due to the sensitive nature and important responsibility of work involving children. We trust you will understand this in the spirit intended. Inquiries will be made through state and national databases regarding any past record or offenses. You will be required to be fingerprinted for us to make this complete background check. All inquiries will be made in a manner designed not to cause you embarrassment, but please feel free to discuss this matter further with the Director before proceeding with the arrangements for volunteer service. By signing this application, I give my permission to make these inquiries. I understand that any information I learn about the child and family is confidential and cannot be revealed or discussed with anyone without permission.

I SWEAR THAT ALL OF THE INFORMATION IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT.

(Signature)

References

***Please provide three references (non-relatives): Current or previous employers, if possible, and at least one reference who have seen you interacting with children:**

1) Name: _____ Years Known: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____

Mailing Address: _____

What is your relationship? _____

2) Name: _____ Years Known: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____

Mailing Address: _____

What is your relationship? _____

3) Name: _____ Years Known: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____

Mailing Address: _____

What is your relationship? _____

Please Note: There are a few more forms that you will need to fill out in order for your application to be complete.

_____ Volunteer Application

_____ 2 copies of Drivers License

_____ 1 copies of Auto Insurance Card

_____ Confidentiality Agreement

_____ Picture taken for YG Photo ID

_____ Fingerprint Card

_____ **\$24 background check fee (payable to Youth Guidance)**

_____ SafetyNET Application

_____ References checked

***Applying to Youth Guidance does not guarantee that you will be matched with one of our children. We reserve the right to deny any volunteer for any reason without justification.**

**PRINT AND SIGN FORM THEN
RETURN TO THE YOUTH GUIDANCE
OFFICE**