



MENTOR PROGRAM 2018-2019 VOLUNTEER APPLICATION

Name: _____
(Last, First, Middle Initial)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-mail Address: _____ Date of Birth: _____

In Case of Emergency Notify: Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____

Please provide information for **two** people who are **not** family members. Pathways ALC reserves the right to contact references during the background check investigation.

1. Last Name: _____ First Name: _____ Relationship: _____

Street Address: _____ Daytime Phone Number: _____

City: _____ State: _____ Zip: _____

2. Last Name: _____ First Name: _____ Relationship: _____

Street Address: _____ Daytime Phone Number: _____

City: _____ State: _____ Zip: _____

Do you have any prior experience working with adults with intellectual disabilities? **YES** **NO** *If yes please explain:*

Why are you interested in being a volunteer mentor?

****Pathways ALC reserves the right to deny a request for volunteer services if a determination is in the best interest of student(s). This determination is within the sole discretion of Pathways ALC** _____
(Initial here)

VOLUNTEER INTEREST:

Days and times, you are available to volunteer:

Mondays (12p.m.-1p.m.) **Tuesdays** (1p.m.-2 p.m.) **Thursdays** (12 p.m. – 1 p.m.) **Fridays** (1 p.m. – 2 p.m.)
(Volunteers must come 10 min. prior to look over days assignment)

Comments:

Pathways is a Christian program that pours the love of Christ into our students daily through prayer, Bible studies, and choir. Are you comfortable with that environment? (Please circle) **Yes** **No**

CRIMINAL: Have you ever been charged or convicted of a crime? Yes No

[If yes, give date(s), charge(s) and disposition(s).]

THEREFORE, I HAVE:

- Read and understand the Pathways Mentor Volunteer Program regulations, guidelines and procedures.
 Yes No
 - Read, signed and submitted the volunteer agreement for to the site I will be serving at.
 Yes No
 - I hereby permit Pathways to use and/or replicate photographs of myself participating in Mentor One Volunteer program activities, for publishing and education tools, and marketing on social media.
 Yes No
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My statements set forth in this application are true and complete. I understand that any false statements or omission of facts may be cause for termination. I give authorization to Pathways Adult Learning Center to conduct an investigation into my background and understand that this is part of the requirement prior to becoming a volunteer. I understand that Pathways Adult Learning Center will not be responsible for any personal injury or property loss that may occur to me while performing volunteer services. I also understand that I will not receive any compensation from Pathways Adult Learning Center or the individual or anyone else for serving as a volunteer.

Print Name: _____ **Date:** _____

Signature: _____ **Date:** _____

Pathways Volunteer Agreement

As a volunteer in the Pathways Adult Learning Center Mentor Volunteer Program, I agree:

Conduct towards Pathways Adult Learning Center

- To attend an orientation session prior to working with Pathways;
- To commit at least one hour a week for mentoring and, or to a schedule that is agreed upon by the Communications Manager and myself;
- To never be left alone with a student;
- To be on time to meet the staff or student(s) I am working with;
- To notify Pathways if I am unable to keep my appointment;
- To keep discussions confidential;
- To enter this relationship with an open mind;
- Volunteers will communicate their observations regarding a student's learning; and
- Volunteers will communicate to Pathways staff if they have any concerns about the physical, emotional or mental safety of a student

Conduct towards students

- Volunteers will be fair and consistent when interacting with students;
- Volunteers will respect all student's opinions, even though they may be different from their own;
- Volunteers will not deliberately embarrass, disparage, ridicule or provoke students by actions or words;
- Volunteers will not use profanity, obscenity, vulgar language or gestures in the presence of students; and
- Volunteers will not discipline students, but communicate concerns to the Communications Manager;
- Volunteers understand that they are mandated reporters and will communicate any concerns to school staff and provide a written statement.

Print Name: _____ **Date:** _____

Signature: _____ **Date:** _____