



# Windsor County Partners

MENTORS for YOUTH

PO Box 101, Windsor, VT 05089 • 802-674-5101 or 800-491-5101 • [www.WCPartners.org](http://www.WCPartners.org) • [info@WCPartners.org](mailto: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- 2<sup>nd</sup> Grade (Elm Hill)

3<sup>rd</sup>-5<sup>th</sup> Grade (Union Street)

6<sup>th</sup> – 8<sup>th</sup> Grade (Riverside)

9<sup>th</sup> -12<sup>th</sup> Grade (High School)

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

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**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: \_\_\_\_\_