

*visit our website
www.familyconnected.org



Today's Date: _____

Volunteer Mentor Application

Family Connections El Dorado, Inc.
344 Placerville Drive, Suite 10, Placerville, CA 95667
(530) 626-5164 x12
All Information on This Form Is Confidential

Name: _____ Gender: _____ M _____ F

Date of Birth: _____ E-mail Address _____

Mailing Address: _____
Street (or PO Box) City State ZIP

Day Phone: _____ Evening Phone: _____

Educational Level: _____ Degree/Major: _____

List any special talents or skills: _____

Employment History: (Please list your last two jobs and any prior jobs relevant to mentoring)

- _____
- _____
- _____

Previous Volunteer Experience: _____

Potential Availability: (Days/Hours) _____

Personal References: *All information is confidential and will not be shared.*

Name	City/State	Day Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Have you ever been arrested? _____ No _____ Yes (If Yes, explain on back)

Statement of Understanding

Your signature below will serve as your certification that all the information given in this application is true and correct to the best of your knowledge. If you are sending this by e-mail you can sign during the training.

Signature of Applicant Date