

VOLUNTEER APPLICATION

Name: _____
(Last) (First) (Middle)

Phone: _____ Cell Phone: _____ Is Texting Okay? Y/N

Address: _____
(Street) (City) (State) (Zip Code)

E-Mail Address: _____

Please provide previous address information, if you have not lived at your current address for the past 7 years.

(you may use the back if needed)

List all other names by which you have ever been known, including maiden name:

Date of Birth: _____ Driver's License # _____
(month/day/year)

Emergency Contact: _____
(Name) (Ph. #)

Name of Church you attend: _____ Are you a member? Y / N

Length of membership/attendance: _____ months/years

Volunteer Application Checklist:

(Give **TCM** reference forms to those who will be filling out the forms and they will send completed forms to **TCM**)

-Have 2 Personal or Professional References submitted on your behalf

-Have 1 Pastoral Reference submitted on your behalf

-Complete 'Request for Central Registry Clearance' form and submit with a copy of your ID to Ionia DHS.

(Check the box that will have the results sent to the address on your picture identification and send form with copy of ID. to:

Ionia Co. DHS, 920 E. Lincoln Ave., Ionia, MI 48846. After you receive the results back, submit results to **TCM** via 9920 Reed Road, Howard City, MI 49329)

Education: Circle the last level completed. ____ Grade High School 2 Yr. Degree 4 Yr. Degree

Masters PhD Other _____

Name of School: _____ City: _____ State: _____

Degree(s) Earned: _____

TCM

A Mentoring Program for the Tri County Area Schools

Work Experience and/or Volunteer History. List most current first:

Name of Employer or Agency: _____ Start Date: _____

Job Title: _____ Ending Date: _____

Description of work: _____

Name of Supervisor: _____ Phone _____

Name of Employer or Agency: _____ Start Date: _____

Job Title: _____ Ending Date: _____

Description of work: _____

Name of Supervisor: _____ Phone _____

List any certifications and/or training pertaining to the position you are applying for:

_____ Expiration Date _____ (Please attach a copy with this application)

Why do you want to work with **TCM**? _____

Tell us about your relationship with Jesus Christ? (feel free to use the back if needed)

I have read and agree with the Statement of Faith and Mission Statement of **TCM**. Yes No

As a confessing Christian I will be a faithful witness, a positive role model and exhibit exemplary moral character. I understand my role as a loving adult in a mentoring relationship and commit to seeking the best interests of the student assigned to me. I promise not to bring harm to this student in any way, shape or form. I will also comply with the regulations mandated by the separation of church and state and will not jeopardize the **TCM** program in the public school arena.

I acknowledge that the above statements are true to the best of my knowledge and give **TCM** permission to do a background check according to the State of Michigan rules and regulations.

Name _____ Date _____
Applicant

MENTORING PREFERENCE FORM & INTEREST INVENTORY

Your Name: _____

Please indicate the days and times you are available to volunteer one hour, once a week:

Monday	Tuesday	Wednesday	Thursday	Friday
A.M.	A.M.	A.M.	A.M.	A.M.
P.M.	P.M.	P.M.	P.M.	P.M.
Anytime	Anytime	Anytime	Anytime	Anytime

List, if any, scheduling details you need us to know about:

Which age level or grade would you prefer (or check all that apply) _____

- K-2 6-8
- 3-5 9-12
- no preference

What type of child would you feel comfortable with? (check all that apply)

- active, high energy
- academically challenged
- quiet and reserved or shy & withdrawn
- special needs
- challenging and defiant
- hostile/aggressive
- emotional/attention-seeking

Do you have any special skills or experience that you would like us to know about when we are matching students with mentors? (such as foreign language, working with autism, counseling experience, working with children with special needs like ADD/ADHD or learning disabilities, etc...)

Is there anything you really don't want to deal with that we should know about?

Interest Inventory: Mentors

Circle all of the activities that interest you.

biking	science	reading	theater	motorcycles
hiking	gardening	music	singing	board games
golf	painting	eating	sculpting	snowboarding
fishing	drawing	sewing	ceramics	video games
jogging	canoeing	writing	knitting	scrapbooking
camping	hunting	crafts	cooking	rock climbing
boating	horses	movies	running	woodworking
animals	computers	yoga	tennis	photography
swimming	music	computers	bowling	skate boarding
kayaking	skiing	dance	cars	weight lifting

Other Interests: _____

Circle any 4 words that BEST describe your personality.

outgoing	reserved	organized	laid-back
active	serious	shy	fun-loving
funny	flexible	positive	goal-oriented
disciplined	caring	structured	competitive

Circle the 4 following personality traits that you are MOST drawn to in other people:

organized	active	sense of humor	disciplined
easy-going	reserved	structured	quiet
outgoing	opinionated	hyper	fun

Answer the following statements with “Agree” or “Disagree” or “Undecided”

- _____ People often tell me that I am a good listener.
- _____ I have a hard time hearing about problems I cannot solve.
- _____ I am good at “drawing people out” in conversation.
- _____ I like to spend time with people who have different opinions than I do.
- _____ I am patient with people who demonstrate irrational behavior.
- _____ I am good at de-escalating a conflict.
- _____ I would prefer to avoid an argument if possible.
- _____ I am able to remain calm when others get angry.
- _____ I enjoy talking.
- _____ I would feel nervous around a person demonstrating angry irrational behavior.
- _____ I find it easy to start a conversation with a stranger.
- _____ I am comfortable talking to someone who is crying.
- _____ I am uncomfortable with awkward silence.
- _____ I feel like I am a very good listener.
- _____ I am very flexible by nature.
- _____ I tend to use humor to diffuse stressful situations.
- _____ I am serious by nature.
- _____ I find it easy to empathize with others.
- _____ I enjoy hearing other people’s opinions.
- _____ I adapt well to most situations.

Name your favorite school subjects:

List any other subjects/topics you enjoy learning about:

Would you ever consider tutoring a student if the opportunity arose? If so, circle the areas you would feel comfortable tutoring:

Math Science Writing Reading History
Economics Spanish Health Government Geography

Other: _____

List any skills you feel you could share with a student if opportunity presented itself (for example, woodworking, painting, cooking, tennis, etc.):

Volunteer PASTORAL Reference

Name of Applicant: _____ Date: _____

The person named above is applying for a position as a mentor through TCM, an inter-denominational community-based mentoring program. We thank you for your time and your frank and objective appraisal, as this will help us serve and protect children. We keep all information confidential unless you say otherwise. You do not need to share this reference with the applicant, though you are free to do so.

1. How long has the applicant attended your church? _____ 2. How long have you known this person? _____

3. In what, if any, areas is the applicant actively involved in your church? _____

4. To the best of your knowledge, what is this person's current relationship with God? _____

How solid is the applicant's..... (rate 1 being weak, 3 being strong)	1	2	3
Biblical Knowledge			
Faith			
Doctrinal Foundation			
Spiritual Maturity			

5. What positive traits do you see in this person? _____

6. Would you be comfortable with your own child spending an hour of one on one time with this person? Yes No

If you answer Yes to any of the following questions or have other comments to contribute, please elaborate on the back.

7. Is there any question in your mind about this person's moral integrity? Yes No

8. Do you have any concerns about this person's social or emotional state? Yes No

9. Are you aware of any arrests, inappropriate conduct, or any allegations of inappropriate conduct with any person, including children? Yes No

10. Is there any reason we shouldn't accept him/her as a volunteer working with children? Yes No

Your name: Printed _____ Signed _____

Address _____ City _____ State _____ Zip _____

Name of your Church: _____

Phone: _____ Email: _____

When completed, please return this form as soon as possible to: TCM Program Director, 9920 Reed Road, Howard City, MI 49329
Questions? Contact the Program Director at mentoring.tricounty@gmail.com or 231.250.5959

PERSONAL REFERENCE #1

Name of Applicant: _____ Date: _____

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1. What is your relationship to the applicant? _____

2. How long have you personally known the applicant? _____

3. To the best of your knowledge, what is this person's current relationship with God?

rate 1 being low, 5 being high	1	2	3	4	5
Ability to work with others					
Dependability					
Emotional Stability					
Leadership					
Personal Integrity					
Spiritual Maturity					
Overall Evaluation					

4. Would you be comfortable with your own child spending an hour of one on one time with this person? Yes No

If you answer Yes to any of the following questions or have other comments to contribute, please elaborate on the back.

5. Is there any question in your mind about this person's moral integrity? Yes No

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Dependability					
Emotional Stability					
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Spiritual Maturity					
Overall Evaluation					

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