



Everybody Wins! Vermont Reading Mentor Application 2013-2014

(revised 9/4/13)

Thank you for your interest in becoming an EW! VT mentor. We are responsible for screening all mentors who enter the school through our reading programs. Please fill out the following questions completely. We strive to complete the approval process within three weeks. After the application is approved, we will schedule an orientation and training session.

Questions regarding this process? Please contact our central office: (802) 229-2665 or info@ewvt.org.

* - Required information

Basic Information:

*Full Name: _____ Preferred Nickname or Salutation: _____

*Other names you have used (including maiden name): _____

*Home Address: _____

*City: _____ *State: _____ *Zip Code: _____

Employment Status: Check all that apply and circle the one that you consider to be your primary status

Student Small Business Non-Profit Unemployed Retired Self-Employed
 Large Business/Corporation School or School District/SU Other: _____

Current Job Title: _____

Current Employer: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

***Preferred Mailing Address:** Home Address Business Address

Contact Information:

E-mail Address: _____ Alternate E-mail Address: _____

*Home Phone: _____ Cell Phone: _____

Work Phone: _____ Ext: _____ Fax: _____

Emergency Contact:

*Name: _____ *Phone Number: _____ Relation to Applicant: _____

Screening Information & Demographics:

*Date of Birth: _____ *Gender: _____ *Ethnicity: _____

*Last 4 Digits of Social Security Number: _____ *Birthplace (city, state, country): _____

*Please list any state(s) other than Vermont of which you have been a legal resident:

Marital Status: Single Married

Education Level: Some High School High School or GED Some College
 Associate's Degree Bachelor's Degree Master's Degree Professional Degree

Other Education: _____

If you are currently in school, what is the status of your schooling?

***References:** *Please list five references who we may contact for screening purposes. One reference must be a work reference, unless there are extenuating circumstances. Personal references need to have known you for at least one year.*

	Name & Mailing Address	Phone	E-mail	Relationship	Length of Relationship
1					
2					
3					
4					
5					

Application Information:

*Do you understand the commitment is for one year? Yes No

*I would like to work with a child who is: Male Female No Preference Preferred Age: _____

Preferred School or Community: _____

Application Information (continued):

*How did you hear about this program?

Why are you interested in mentoring?

Please list any previous mentoring experience and/or work with youth:

Why do you think you would be a good mentor?

What are some of your skills and hobbies?

What are some of your favorite subjects to read/learn about?

If you speak any other languages (in addition to English), please list below:

If this program is not the right fit for you, would you be interested in learning about other mentoring opportunities in your area? Yes No

Confidential: *Everybody Wins! Vermont requires the following information from all volunteers who are working with children. Thank you for your help in providing the safest environment possible for our youth. Answering "yes" does not automatically disqualify you from becoming a mentor.*

- * Are there pending criminal charges against you? Yes No
 - * Have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance? Yes No
 - * Have you ever been arraigned for or convicted of child abuse or neglect or of sexually abusing or molesting a youth 18 or younger? Yes No
 - * Have you ever received treatment for alcohol or substance abuse? Yes No
 - * Have you ever been treated or hospitalized for an emotional/psychiatric condition? Yes No
 - * Other than the above, is there any fact or circumstance involving you or your background that could call into question your being entrusted with working with youth? Yes No
- *If you answered "yes" to any of the above questions, please explain:

Media Release:

- I agree to have my photograph or remarks published by Everybody Wins! VT in related media pieces, newsletters, web pages or other documentation in support of Everybody Wins! VT. Yes No
- I agree to allow Everybody Wins! VT to grant permission to Mobius, Vermont's Mentoring Partnership, to have my photograph or remarks published in related media pieces, newsletters, web pages or other documentation in support of promoting the mentoring cause statewide..... Yes No

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

I understand that this is an application for and not a commitment or promise of a volunteer opportunity. I understand that Everybody Wins! Vermont is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor

I certify that I have and will provide information throughout the selection process, including on this application and in interviews with Everybody Wins! Vermont, that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Everybody Wins! or my termination as a volunteer.

I hereby authorize Everybody Wins! Vermont to request and obtain any and all records, documents and information relating to my Everybody Wins! activities, about me from employers, agencies and references included on my application. I understand that Everybody Wins! Vermont will check my records on the national sex offender registry, the Vermont child abuse and neglect registry, and the Vermont criminal conviction search. I fully consent to the release of such records, documents, and information to Everybody Wins! and Everybody Wins! Vermont's designated representatives. I release and agree to hold harmless from liability any person or organization that provides information. I understand that this information may be disclosed by Everybody Wins! Vermont's officials to persons involved in the implementation of Everybody Wins! activities and programs. I hereby release Everybody Wins!, its directors, officers, partners, employees, affiliates, agents, successors, and its designated representative from any and all claims that may result from the release and disclosure of such information.

Signature: _____ **Date:** _____

Please give your complete **signed** application to your School Coordinator, or email, post mail or fax it to:
Everybody Wins! Vermont
P.O. Box 34 • Montpelier, VT 05602
Phone: (802) 229-BOOK (2665) Fax: (802) 229-1010 Email: info@ewvt.org