



**EDUCATION**

(Indicate schools, majors, degrees): \_\_\_\_\_

\_\_\_\_\_

Why are you interested in volunteering? \_\_\_\_\_

\_\_\_\_\_

Please list any experience working with youth; (i.e. church, scouts, etc.). Include dates.

\_\_\_\_\_

\_\_\_\_\_

List any other volunteer experiences \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your hobbies, skills, special talents, interests? \_\_\_\_\_

\_\_\_\_\_

Please list clubs, professional organizations, church or temple affiliation (indicate offices held and year) \_\_\_\_\_

\_\_\_\_\_

Please check all that apply:

- One-on-One mentoring with a youth
- Teaching a skill or a hobby to a youth
- Fundraising
- Tutoring
- Group activities

**757 Protégé - Suffolk Volunteer Mentoring Program:** *requires that adult volunteers matched with youth to fulfill a minimum of two (2) hours per week or eight (8) hours a month for one year. Please list any circumstances that would prevent you from fulfilling the required time commitment.*

\_\_\_\_\_

\_\_\_\_\_

Do you take any illegal drugs? \_\_\_\_\_

Do you have any history of excessive use of any drugs (over the counter, prescription, and/or alcohol)?

Have you ever been in treatment (i.e. abuse, alcohol, drugs, emotional problems, etc.)? If so, when and what were the results?

Have you ever been convicted of a misdemeanor or felony other than traffic offenses?

If yes, state offense and date of conviction

Have you ever been convicted of a traffic offense? If yes, dates:

**List two references (not relatives) who have known you for at least one year. Include complete mailing addresses.**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
Home Phone: ( ) Work Phone: ( )

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
Home Phone: ( ) Work Phone: ( )

**PREVIOUS VOLUNTEER REFERENCE**

If you have done volunteer work with a youth prior to this time, list as a reference your supervisor(s) from that experience, even if it occurred in another state.

1. Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
Home Phone:( ) Work Phone:( )

2. Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
Home Phone: ( ) Work Phone:( )

*I certify that all information on this application is true to the best of my knowledge. I understand that any false statements or withheld information will be reason to disqualify me from serving as a Protégé 757-Suffolk volunteer mentor.*

*I give my permission to the Program Coordinator of this program to contact the references listed above. I also understand that a criminal background check will be conducted. Furthermore, I authorize the Program Coordinator to inquire about my previous/present volunteer and work experience. I understand and agree that a negative reference may result in me not becoming a protégé 757-Suffolk volunteer mentor.*

**Consent to Use Photographs:**

I understand that photographs may be taken of me at any City of Suffolk program or facility for publication material used to promote the department programs, classes, or events. Please be advised that all participants involved in any City of Suffolk program or special event are subject to being photographed or video recorded. Such photographs or video recordings may be used by the City of Suffolk without any obligation to provide compensation to those photographed or video recorded.

**Release and Waiver:** In consideration of being permitted to participate in any way in the Protégé 757-Suffolk Program, I for myself, my heirs, personal representatives or assigns, do hereby release, waive, and forever discharge the City of Suffolk, its Council members, officers, employees, and agents for liability from any and all claims, demands, rights and causes of action of whatever kind resulting in, but not limited to, bodily injury, personal injury, accident or illness (including death), and property damage sustained by me and my agents, representatives, employees, or family members arising from participation in the Protégé 757-Suffolk Program.

**Indemnification:** I shall indemnify and hold harmless the City of Suffolk, its Council members, officers, employees, and agents from and against any and all claims, losses, damages, fines, penalties, suits and costs, including injury and death penalties imposed by any authority which arise out of any violation of law by, and all acts and omissions caused by me, my employees, subcontractors, agents, or representatives during the participation in the Protégé 757-Suffolk Program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_