



## The Elizabeth Ministry, Inc.

4645 Nannie Helen Burroughs Avenue, NE  
Washington, DC 20019  
(202) 552-6910  
(202) 388-1959 (Fax)  
[theelizabethministryinc@verizon.net](mailto:theelizabethministryinc@verizon.net)

### Volunteer Application

#### Contact Information

Please type or print clearly

(Last)	(First)	(Middle Initial)
Name *		
(Street)	(Apt#)	
Home Address*		
(City)	(State)	(County)
(Zip)		
(Home)	(Mobile)	
Phone Number*		
Personal e-mail address: <i>(to be used for weekly updates)</i>		
Home addresses <b>for the last five years</b> (if different from above). Please include county. * <i>(Attach separate sheet if needed)</i>		
Date of Birth*:		Social Security*:
Sex: F <input type="checkbox"/>	M <input type="checkbox"/>	Race/ethnicity:
Language(s) spoken other than English:		

*\*Information is necessary for conducting a criminal background check*

#### Employment

Profession:	Job title:	
Employer:		
(Street)		
Employer Address:		
(City)	(State)	(Zip)
(Work)	(Fax)	
Phone number:		

Profession:	Job title:
Work e-mail address:	

### History of Working with Youth

Have you ever worked with youth?	Yes <input type="checkbox"/>
No <input type="checkbox"/>	
If yes, briefly describe your experience, responsibilities, and group with whom you worked.	

To what extent do you feel comfortable talking with a teenager about the following?				
	Very	Somewhat	Slightly	Not at all
A) Academic skills				
B) College planning				
C) Career planning/Job preparation				
D) Personal issues				

### Education

High School:	(Name)	(Location)
	(Graduation date: month/year)	(GED: date)
University/College:	(Name)	(Location)
	(Major)	(Dates attended)
		(Degree)
Graduate School:	(Name)	(Location)
	(Field)	(Dates attended)
		(Degree)
Trade School:	(Name)	(Location)

(Name)		(Location)
High School:		
(Field)	(Dates attended)	(Degree)
Military Service:		
(Branch)	(Rank)	(Dates of service)

### General Information

Hobbies, favorite recreational activities: Please check all that apply			
<input type="checkbox"/> Attending Plays	<input type="checkbox"/> Basketball	<input type="checkbox"/> Computers/Video Games	<input type="checkbox"/> Cooking/Eating Out
<input type="checkbox"/> Dancing	<input type="checkbox"/> Drawing/Painting	<input type="checkbox"/> Football	<input type="checkbox"/> Listening to music
<input type="checkbox"/> Movies	<input type="checkbox"/> Museums	<input type="checkbox"/> Music (general)	<input type="checkbox"/> Playing music
<input type="checkbox"/> Reading	<input type="checkbox"/> Shopping	<input type="checkbox"/> Sports (general)	<input type="checkbox"/> Tennis
<input type="checkbox"/> Working out	<input type="checkbox"/> Writing		
<input type="checkbox"/> Other (please specify) _____			

Do you have children?	Yes <input type="checkbox"/>
No <input type="checkbox"/>	
If yes, how many? (Please list ages)	

Why do you want to be a mentor?

How did you hear about Mentors, Inc.?
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Do you have at least five hours a month to devote to a student?	Yes <input type="checkbox"/>
No <input type="checkbox"/>	

### Medical History

Do you have any medical condition(s) that would limit your participation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>		
If yes, please explain.		

### Legal History

All information will be treated as confidential

Have you ever been arrested?	Yes <input type="checkbox"/>
No <input type="checkbox"/>	
If yes, please explain.	

Have you ever been convicted of felony?	Yes <input type="checkbox"/>
No <input type="checkbox"/>	
If yes, please explain.	

Have you had any past or present problems related to abuse of drugs or alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>		
If yes, please explain.		

### References

*Please list <b>two</b> references – one (1) from a significant other <u>or</u> close relative; and one (1) from an employer or colleague		
(Name) number)	(Address)	(Phone
1.		
(Name) number)	(Address)	(Phone
2.		

\*See below for additional information needed

**Background Check**

I understand that by signing this application I hereby authorize Mentors, Inc. to conduct a criminal background and motor vehicle record check for the safety and well being of all program participants. I further authorize without reservation, any personnel or other entity contacted by Mentors, Inc. and/or its agents, to furnish the above-mentioned information.

**Photo Release**

I understand that by signing this application I hereby consent to the use of my name, likeness and speech in any audiotape, videotape, film, photograph, or electronic transmission or display made during the course of the Mentors, Inc. program for any business purpose.

I certify that the above responses are true to the best of my knowledge.

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Signature Date

2. Letters of Reference

Submit two (2) reference forms: **one (1) from significant other or close relative and one (1) from an employer or colleague.** The forms should be sent within 15 calendar days of your application date. The mailing address is: The Elizabeth Ministry, Inc. 4645 Nannie Helen Burroughs Avenue, NE, Washington, DC 20019

***FOR OFFICE USE ONLY***

Date Application Rec'd & initials	Entered in Dbase	Training Date