



Boys & Girls Club of Mount Vernon

350 South Sixth Avenue, Mount Vernon NY 10550 ☐ 914-668-9580 ☐ Fax: 914-668-1902

Mentor Application

Date: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Alternate Phone: _____

Email: _____ Alternate Email: _____

Emergency Contact: _____ Relationship to You: _____

Emergency Contact Phone#: _____

Emergency Contact Email Address: _____

Are you employed? (Please circle one) Full Time Part Time Not Employed

Name of Employer: _____

Position: _____ Dates of Employment: _____

Preferred Mentoring Day (Mon - Sat):		Choice #1	Choice #2

Areas of Interest (Check all that apply)

Are you an alumnus(ae) of the Boys & Girls Club? Yes No

If yes, which club? _____

Describe any previous experience working with children. (Please Print)

References

Give names and contact information of three people (not related to you) who have knowledge of your character, experience, and ability. (Please Print)

Name

Phone

Email

Boys & Girls Club of Mount Vernon Policy for Volunteers Age of 18 and Older

All volunteers age 18 and older are required to have a full background check. As a part of the background check, volunteers must be fingerprinted.

I have read and agree to abide by this policy.

SS#: _____

Print Name

Date

Signature