

2. What motivated you to want to become a mentor?

3. Are there youth you feel you work well with? Please explain:

4. Are there youth with whom you feel you may have difficulty or would prefer not to mentor? Please explain: _____

5. Are there any other programs at NEKYS you are interested in?

Volunteer Information:

6. Indicate your preference: Specific grade (1st-8th)? _____
 Female Male No Preference

7. What do you feel are the strengths (bilingual, math skills, previous relevant volunteer experience, etc.) you can bring to this program?

8. Please read and initial the two statements below:

_____ I understand that the mentor program involves a strong commitment and I agree to spending a minimum of one hour every week for the academic year at a school with an assigned student.

_____ I understand that I will be required to complete the mentor program orientation and at least two training sessions during the year.

9. Yes No Within the past 10 years, 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?

10. Yes No Are you under current indictment or has a district/county attorney ever accepted an official complaint for any of the offenses in question #5?

11. If the answer is YES to questions 8 or 9, please explain below:

12. Can you meet with a youth once a week, every week, for at least one hour during the school year? _____

13. What days of the week are you available to volunteer? (check all that apply): Monday
 Tuesday Wednesday Thursday Friday Saturday Sunday

14. What is the best time for you to volunteer? (check all that apply):
 Mornings Afternoons Evenings Weekends

15. Please list any hobbies or interests you have:

16. Do you have any special conditions we should know about such as significant life changes, illnesses, problems with drugs or alcohol?

17. Have you had experience working with children (paid or volunteer)? If yes, please explain:

References

Please list three references. Please name individuals who have known you for more than one year, and provide all information requested below. By listing these references, you authorize us to contact these individuals for the purpose of conducting a reference check. These reference checks will evaluate your qualifications as a volunteer. **Please do not include family members.**

1. Name: _____
Mailing or Email Address: _____
Phone Number(s): _____
Relationship to you: _____

2. Name: _____
Mailing or Email Address: _____
Phone Number(s): _____
Relationship to you: _____

3. Name: _____
Mailing or Email Address: _____
Phone Number(s): _____
Relationship to you: _____

**Thank you for your interest in the
JUMP Youth Mentoring Program**



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Please call, e-mail or write with any questions or comments.