



**Seneca Mentoring Youth Links**

928 W. Market Street, Suite A,

Tiffin, Ohio 44883

Phone: 419-447-2927 Fax: 419-447-2825

SenecaSMYL@ncoesc.net

**MENTOR APPLICATION**

It is SMYL policy that each prospective volunteer will be evaluated by an agency professional to determine eligibility for program services. SMYL shall not discriminate on the basis of age, race, ethnic background, gender, sexual preferences, religion or handicap in the delivery of service. SMYL will provide services on the basis of need. All information provided is confidential.

**PERSONAL**

Name: \_\_\_\_\_ Maiden name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Name of spouse/parent: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Others living in the home & ages: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Position: \_\_\_\_\_

Employment address: \_\_\_\_\_

Work schedule: \_\_\_\_\_

**EDUCATION**

School: \_\_\_\_\_ Town: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Diploma or Degree Earned: \_\_\_\_\_

**VOLUNTEER EXPERIENCE** – Please list each volunteer service and include any contact with children.

Please explain why you want to volunteer to be a mentor with SMYL?

**REFERENCES-** Please list three references (excluding family) who have known you for at least two years.

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

I understand by completing this application I have taken the first step in becoming a Mentor for Seneca Mentoring Youth Links. I am under no obligation to serve as a volunteer, nor is Seneca Mentoring Youth Links obligated to assign a volunteer position to me. I also understand Seneca Mentoring Youth Links will obtain additional information to further assess my suitability for being a volunteer.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_