

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

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

12. Please list two references (please include at one personal reference and one work reference):

Name _____
Address _____
City _____ State/ZIP _____
Phone number _____
Relationship _____

Name _____
Address _____
City _____ State/ZIP _____
Phone number _____
Relationship _____

Other Information:

1. Social Security number (needed for criminal record checks): _____

2. Birth date (needed for record checks): _____

3. If you are you a licensed driver, what is your license number (for motor vehicle check purposes)? We will need a copy of your insurance certificate for our files. _____

Applicant's Certification

In making this application to be a volunteer, I understand that the L.E.A.P. Organization routinely performs criminal and driving record checks of all volunteers. This check may be done on me if I sign below. If I fail to sign, it may be grounds for declining me as a volunteer.

I also agree to abide by the rules and regulations of the program and fully discharge the L.E.A.P. Organization from liability and claims resulting from my volunteerism.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

Signature

Date

For Program Staff:

Date Application Received: _____

Date Application Reviewed: _____

Name of Reviewer: _____