

**JWANZAA YOUTH PARTNERSHIP
VOLUNTEER / MENTOR
REGISTRATION FORM**

POSITION APPLIED FOR: _____
How did you hear about Jwanzaa? _____

VOLUNTEER DEMOGRAPHIC DATA

Last Name _____	First Name _____
Mailing Address _____	Apt # _____
City _____	State _____ Zip _____
Home Phone _____	Work Phone _____
Mobile Phone _____	Email Address _____
Date of Birth	Mo <input type="text"/> Day <input type="text"/> Age* <input type="checkbox"/> under 18 / <input type="checkbox"/> 18-39 / <input type="checkbox"/> 40+ Gender <input type="checkbox"/> Male / <input type="checkbox"/> Female

Please list below any children you have who will be involved with the Jwanzaa program.

Full Name _____	Age _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name _____	Age _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

PROFESSIONAL BACKGROUND

Highest Level of Education	<input type="checkbox"/> High School <input type="checkbox"/> Technical <input type="checkbox"/> Some College <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate	Degree/Major _____
Profession / Title _____	Dates of Employment _____	
Employer _____	Division _____	
Street Address _____		

VOLUNTEER EXPERIENCE (Two most recent engagements)

Do you have any experience as a youth mentor? Yes No

Describe your mentoring or other relevant experiences below

Dates _____	Role/Title _____
Organization/Agency _____	
Mailing Address _____	
Supervisor Name _____	Phone Number _____

Describe your duties:

Dates _____	Role/Title _____
Organization/Agency _____	
Mailing Address _____	
Supervisor / Contact Name _____	Phone Number _____

Describe your duties:

LIST YOUR RELEVANT SKILLS / INTERESTS / HOBBIES:

What types of services are you interested in providing? (Check all that apply)

- | | | | | |
|---|--------------------------------------|--|--|--|
| <input type="checkbox"/> Mentoring (only) | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Administration | <input type="checkbox"/> Arts | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Parent Organizer | <input type="checkbox"/> Counseling | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Health Services | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Youth Group Leader | <input type="checkbox"/> Catering | <input type="checkbox"/> Outreach | <input type="checkbox"/> Recruiting | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Other | | | | |

What days / hours are you available? (Check all that apply?)

Days: Mon Tues Wed Thu Fri Sat Sun

Times: daytime evening

Please indicate the term (duration) of your commitment/availability.

(Typically, the mentor commitment is at least one year.)

- 1-3 months 6 months 9 months 1 year indefinitely

MENTOR MATCHING DATA

* Mentors are matched according to gender (male/male, female/female). Cross gender matching is not permitted.

Age preference Check all that apply 7-9 10-12 13-15 15-17

Check all factors that you would like considered during the matching process.

- your availability youth's activity preferences youth's religion
 proximity to your residence youth's schedule family composition

REFERENCES (one must be professional, no relatives please)

		Capacity known	
Name	_____	Phone Number	_____
Address	_____	Email	_____
		Capacity known	
Name	_____	Phone Number	_____
Address	_____	Email	_____
		Capacity known	
Name	_____	Phone Number	_____
Address	_____	Email	_____

- I certify the information above is true and,
 I understand that a complete background check including criminal history will be conducted as a condition of my participation with the Jwanzaa program.

Signature _____

Date _____