



Mentorship Application

HR-201

Date:	Are you 21 years of age or older?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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<i>Please Print All Information</i>				
NAME:				
(Last)		(First)		(Middle)
ADDRESS:				PHONE:
(Street Address)	(City)	(State)	(Zip)	
Position Applied for: Volunteer Mentor at Crossroads Youth and Family Services				
Referred by (i.e., newspaper, employment agency, friend)			Email Address	
When are you available to begin:				

Information provided on a Résumé or Curriculum Vita need not be duplicated in 1 through 4 below.

EDUCATION: (List highest grade completed in school)

1. High School Name:	Address:
College or University	Address:
Dates Attended:	Degree(s):
Professional or Trade Licenses / Certificates:	

EMPLOYMENT HISTORY:

2. Present or Last Employer:		
Address	Phone:	Position:
Dates of Employment:	Supervisor:	
3. Next to Last Employer:		
Address	Phone:	Position:
Dates of Employment:	Supervisor:	
4. Other Former Employer:		
Address	Phone:	Position:
Dates of Employment:	Supervisor:	

REFERENCES: (A minimum of two professional references)

1.			
(Name)	(E-Mail Address)	(Phone)	(Occupation)
2.			
(Name)	(E-Mail Address)	(Phone)	(Occupation)
3.			
(Name)	(E-Mail Address)	(Phone)	(Occupation)

May we contact the above references?

YES

NO

List specialized training relevant to this position that you have received. _____

Please attach résumé or other additional information to this form.

Have you ever been found guilty of a felony?

YES

NO

Have you ever been charged or found guilty of any crime against children?

YES

NO

If yes, what offense? _____

Date: _____ Place (City and State) _____

Disposition:

I understand and agree that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.

I understand and agree that Crossroads Youth & Family Services may make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Crossroads Youth & Family Services and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

If employed, I will comply with all rules and regulations as set forth for Crossroads Youth & Family Services, Inc.

I have read and understand the above.

Signature: _____

Date: _____