

VOLUNTEER IN PROBATION
Perrysburg Municipal Court
300 Walnut Street, Perrysburg, Ohio 43551-1455
(419) 872-7925

VOLUNTEER MENTOR APPLICATION

(Please Print or Type Clearly and Fully Complete Both Sides)

Date: _____

VIP Office Use Only – Mentor I.D.#: _____

Personal Information	
Name: _____ <small>(FIRST) (MI) (LAST)</small>	
Address: _____ <small>(STREET) (CITY) (STATE) (ZIP)</small>	
Home Phone: _____ Work Phone: _____ Ext.: _____ <small>(AREA CODE) (NUMBER) (AREA CODE) (NUMBER)</small>	
Pager: _____ Other: _____ Other Phone Is: _____ <small>(AREA CODE) (NUMBER) (AREA CODE) (NUMBER) (DESCRIBE – CELL, ETC)</small>	
Social Security #: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth: ____/____/____ Age: _____	
Current Marital Status: (Choose ONE Only) <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced	Employment Status: (Choose ONE Only) <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Student <input type="checkbox"/> Employed Part Time
Your Current or Immediate Past Employment: (Choose ONE Only) <input type="checkbox"/> Managerial/Professional (teacher, doctor, social worker) <input type="checkbox"/> Law Enforcement/Justice <input type="checkbox"/> Technical/Sales/Administrative <input type="checkbox"/> Religious <input type="checkbox"/> Military <input type="checkbox"/> Other _____ <small>(please specify)</small>	
Current Employer Information: Employer Name: _____ Employer Address, City, Zip _____ Your Job or Position _____ Available to volunteer (days/hours per week) _____	
Education: What is highest level of education completed? <input type="checkbox"/> < High School Diploma <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> Master's Degree <input type="checkbox"/> College Courses <input type="checkbox"/> Ph.D. <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Other _____ <small>(please specify)</small>	Primary Reason for Becoming a Mentor: (Choose ONE Only) <input type="checkbox"/> Want to Give Back to the Community <input type="checkbox"/> Had a Positive Experience with a Mentor as a Child <input type="checkbox"/> Organization Sponsored Community Service Project <input type="checkbox"/> Want Experience for Career or Educational Development <input type="checkbox"/> Other _____ <small>(please specify)</small>

Drivers License/Auto Insurer

D/L #: _____ Ins. Policy #: _____

Ins. Company Name: _____ Ins. Expiration Date: _____

Note: VIP is required to keep a photocopy of your driver's license and proof of insurance. Please have these available at your volunteer interview.

Emergency Notification

Name: _____
(FIRST) (LAST) (RELATIONSHIP)

Home Phone: _____ Work Phone: _____ Ext.: _____

References

Please list three (3) character references: one blood relative, one friend (2+ years), and one work related.

Name: _____
(FULL NAME OF RELATIVE) (PHONE) (OCCUPATION)

(STREET ADDRESS) (CITY) (STATE) (ZIP)

Name: _____
(FULL NAME OF FRIEND) (PHONE) (OCCUPATION)

(STREET ADDRESS) (CITY) (STATE) (ZIP)

Name: _____
(FULL NAME OF CO-WORKER) (PHONE) (OCCUPATION)

(STREET ADDRESS) (CITY) (STATE) (ZIP)

Health & Activities

Have you been treated for, or do you have, any health problems, physical or emotional, that could affect your activities with a mentee? Yes No If yes, please explain: _____

Have you ever done previous volunteer work? Yes No If yes, please describe work: _____

Please list any clubs, organizations, religious congregations, and other groups that you belong to: _____

Justice System History

Have you ever been convicted of a misdemeanor or felony? Yes No

Do you have pending a misdemeanor or felony case(s)? Yes No

VIP policy disqualifies individuals who have been convicted of an offense. VIP policy temporarily disqualifies individuals that have a pending charge.

I certify that the above information is complete and true. I understand that references will be contacted and a criminal records check will be processed. I understand that VIP Mentoring Program is not obligated to assign me if, in their professional judgment, it would not be in my best interest or in the best interest of the probationers served by the program.

DATE _____ SIGNATURE _____

Please return to the address on the front of this application.