



Homeward Bound

788 E. Clay, Decatur, IL 62521

217.362.7700

dove@doveinc.org www.doveinc.org

Volunteer Application 2nd Chance Mentor

Please PRINT clearly. All fields are required information. This information is confidential.

Today's Date

Full Name

Sex

Ethnicity

Marital Status

Date of birth

Place of birth

Age

Social Security Number

Present Employer

Employer Address

Occupation

MAY WE CALL YOU AT WORK?

Work Phone:

Ext:

How long employed?

Full or part time

Other Volunteer Commitments:

Do you have your own transportation?

Drivers License Number

Auto Insurance Company

Highest educational level achieved / dates

High School

Technical Training

College/ University

Other

Home Phone

Cell Phone

E-Mail Address

Home Mailing Address

Health: circle one

Poor Fair Good Excellent

any special concerns or physical limitations?

Street address Apt #

City

Zip Code

County

Please explain your present use of alcohol or any other drugs.

Please explain your past use of alcohol or any other drugs

Please list three references that we can call. (Not relatives):

1.

2.

3.

What attitudes and beliefs are of special importance to you?

Interests and hobbies that you can share with your mentee

Have you ever been involved in, investigated for, arrested and/or convicted of any crime?

Have you ever been convicted of a sex-related crime? Yes No When

Have you ever been convicted of a crime involving violence, or the threat of violence? Yes No When

Have you ever been convicted of a crime involving drugs and/or alcoholic beverages? Yes No When
Are any of these crimes a felony?

Crime When Please Explain:

Are you on probation or parole

Have you ever been on probation or parole

If yes to the above questions, please explain.

Contact the Mentor Coordinator if you have concerns regarding past offenses and your eligibility as a mentor. Anything discussed will remain strictly confidential.

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS AND RELEASE OF LIABILITY
(permission for background check)

I hereby authorize and consent to the release of information and records bearing on my personal history, arrest, and convictions, in any way to Dove, Inc. This information will be used for the purpose of determining my eligibility as a participant as a Mentor with the Homeward Bound 2nd Chance Mentoring Program

Previous Addresses (last 5 years):

How long have you lived in Illinois?

Other states lived in?

Mentor Liability Release

I understand and agree that I will be the one actually spending time with my mentee, and that I must exercise care in while we are together. I also understand and agree that I am not an agent of any of the partner agencies, and that I am responsible for choosing and conducting all activities with my mentee. I therefore agree that Homeward Bound or any partner agency will not be liable for, and I agree to hold Homeward Bound or any partner agency harmless from all liability, causes of action, and losses imposed on it in any way related to or arising out of this mentoring agreement, including, but not limited to, liability for personal injuries, whether the liability, cause of action, or loss is caused by my negligence, or any partner agency negligence or otherwise. I further release Homeward Bound or any partner agency from any and all liability claims, demands, actions, or causes of action whatsoever arising out of any damage, loss, or injury I might incur while participating in any of the activities contemplated by this mentoring agreement, whether such damage, loss or injury is caused by the negligence of Homeward Bound or any partner agency, its officers, agents, servants, employees, or otherwise. I understand that Homeward Bound or any partner agency will release my name, address, and phone numbers to other mentors for the purpose of coordinating mentor/mentee activities, unless otherwise specified by me.

All of the information I have given is true.

MENTOR SIGNATURE: _____ Date: _____