

**MENTORING A TOUCH FROM ABOVE
VOLUNTEER STAFF APPLICATION**

PLEASE TYPE OR PRINT

SOCIAL SECURITY NUMBER

NAME (FIRST, MIDDLE, LAST)

ADDRESS (NUMBER-STREET-CITY-ZIP CODE)

HOME PHONE - BUSINESS PHONE

WHO TO CALL IN EMERGENCY

RELATIONSHIP

HOME PHONE - BUSINESS PHONE

MAIDEN NAME OR ALIAS

RACE (optional)

SEX

BIRTHPLACE

BIRTHDATE

MARKS OR SCARS

HEIGHT

WEIGHT

COLOR OF HAIR

COLOR OF EYES

HAVE YOU EVER SERVED A JAIL OR PRISON SENTENCE, PROBATION OR PAID

A FINE OF \$50.00 OR MORE? IF RECORDS ARE SEALED, YOU MAY RESPOND NO.

NO

YES

IF YES, PLEASE GIVE CIRCUMSTANCES:

DO YOU HAVE AN AUTOMOBILE?

AUTO LICENSE#

DRIVER LICENSE#

AUTO INSURANCE COMPANY

POLICY NUMBER

EXPIRATION DATE

EMPLOYER'S

FROM (DATE)

TO (DATE)

JOB TITLE AND DUTIES

EDUCATION (TRAINING-SKILLS, CERTIFICATES, LICENSE)

CURRENTLY ENROLLED IN SCHOOL

NO

YES

NAME OF SCHOOL

CREDIT FOR VOLUNTEER WORK

NO

YES-NUMBER OF UNITS

E-MAIL ADDRESS:

INDICATE INTEREST – HOBBIES – ORGANIZATIONS OF WHICH YOU ARE A MEMBER

INDICATE WHY YOU WISH TO BECOME A VOLUNTEER FOR MATFA

WHAT TYPE OF WORK DO YOU PREFER?

<u>DIRECT SERVICE (WITH INSTITUTIONS)</u> <u>SERVICE</u>	<u>INDIRECT SERVICE (WITH OFFICE STAFF)</u>	<u>COMMUNITY</u>
HOURS YOU CAN WORK (FROM – TO)	DAYS	MINIMUM OF HOURS
COMMITMENT		LENGTH OF

IN MAKING THIS APPLICATION AND IN VOLUNTEERING MY SERVICES, I UNDERSTAND THAT I WILL NOT BECOME A PAID EMPLOYEE OF MENTORING A TOUCH FROM ABOVE OR THE INSTITUTIONS THAT I VOLUNTEER IN. IF PAID POSITIONS DO COME AVAILABLE, THEN I CAN BE THE FIRST TO BE INTERVIEWED FOR THOSE POSITIONS. IT IS ALSO MY UNDERSTANDING THAT A ROUTINE CRIMINAL RECORD CHECK IS MADE ON ALL STAFF INCLUDING VOLUNTEER STAFF AND THAT THE RESULTS OF SUCH CHECK ARE HELD CONFIDENTIAL. I CERTIFY THAT ALL OF THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND IN GOOD FAITH.

SOME ITEMS ON THE ABOVE APPLICATION ARE OPTIONAL. ALL INFORMATION IS CONFIDENTIAL TO BE USED FOR THE PLACEMENT, SECURITY AND COMMUNICATION PURPOSES OF THE MATFA PROGRAM ONLY.

SIGNATURE OF APPLICANT _____ **DATE:** _____

OFFICE USE ONLY

INTERVIEWED BY _____ **DATE:** _____

ASSIGNED TO (UNIT, SCHOOL, OFFICE) _____ **SUPERVISOR** _____ **DATE:** _____

JOB CATEGORY _____

EVALUATION				
RATING SCALE: 1 (POOR) – 10 (OUTSTANDING)				
DATE COMPLETED	3 MONTHS	6 MONTHS	12 MONTHS	18 MONTHS

RATING _____
SIGNATURE OF EVALUATOR _____ **DATE:** _____

MENTORING A Touch From Above

Mentor Contract

Name _____
Address _____
City _____ State ___ Zip _____
Phone Number _____
Driver's License #_Social
Security
#_Occupation_____
Transportation: Yes_____ No_____

(transportation is vital when volunteering in MATFA, to Mentor at the C.Y.A. If you don't have transportation, MATFA may utilize you in other resources.)

Length of Commitment: 6 months____ One Year_____

Note:

MATFA has the option to suspend any mentor involved in activities within the CYA not endorsed or approved by MATFA and the CYA, until a comprehensive investigation has been completed. MATFA is under strict and specific guidelines with CYA as well as those policies initiated by MATFA. Your cooperation is expected and will be appreciated.

The MATFA Mentoring Program is on a volunteer basis. Gasoline vouchers will be paid UPON DECISION OF THIS PROGRAM when applicable once each month. There will be no additional funds provided,

Your Signature _____ Date: _____

The following is for MATFA use only.

Fingerprint check: Yes_____ No_____ **Date:**
Background check: **Yes**_____ No_____ **Date:**
TBTest: Yes_____ No_____ **Date:**
See Attached paperwork

