

Frank Olean Center/CVS.INC.
93 Airport Road
Westerly, RI 02891
401-596-2091

Mentor Application Form

Name: _____ Date of Application: _____

Address: _____

Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____

Email Address: _____

Best time to call at home is: _____ May we contact you at work? _____

Referral Source (please check the appropriate category and name the source)

☐ Walk in _____ ☐ School _____

☐ Employee _____ ☐ Job Fair _____

☐ Advertisement _____ ☐ Staffing Agency _____

☐ Company's Website _____ ☐ Gov't Employment Agency _____

☐ Other Interest _____ ☐ Other _____

Availability: (Please check off the days and add in the time of day you are available)

| Days of the week | Morning | Afternoon | Evening |
|---------------------------------|---------|-----------|---------|
| <input type="radio"/> Monday | | | |
| <input type="radio"/> Tuesday | | | |
| <input type="radio"/> Wednesday | | | |
| <input type="radio"/> Thursday | | | |
| <input type="radio"/> Friday | | | |
| <input type="radio"/> Saturday | | | |
| <input type="radio"/> Sunday | | | |

Area of Interest

(Please check off the areas of interest for volunteering)

| INTEREST | YES | NO | COMMENTS |
|---------------------|-----|----|----------|
| AEROBIC EXERCISE | | | |
| BEADING | | | |
| COMMUNITY OUTINGS | | | |
| COMPUTER | | | |
| CRAFTING | | | |
| CREATIVE WRITING | | | |
| DANCE INSTRUCTION | | | |
| DRAWING | | | |
| GARDENING | | | |
| MONEY/MATH | | | |
| MUSIC ENTERTAINMENT | | | |
| PAINTING | | | |
| READING | | | |

| INTEREST | YES | NO | COMMENTS |
|--|-----|----|----------|
| SCIENCE (IDENTIFY) | | | |
| SPECIAL OLYMPICS | | | |
| SPECIAL FUNCTINS/EVENTS may be during evening hours / wkends | | | |
| SPORTS (IDENTIFY) | | | |
| THEATER ARTS | | | |
| OTHER (Not on this list) _____ _____ _____ _____ _____ | | | |

School Affiliation/Coursework Information: (if applicable): _____

Mentor History

(Please provide the following information if applicable)

1.) Name of Organization/Company _____

Dates of volunteer time _____

Volunteer Duties _____

2.) Name of Organization/Company_____

Dates of volunteer time_____

Volunteer Duties_____

3.) Name of Organization/Company_____

Dates of volunteer time_____

Volunteer Duties_____

Please supply the names and telephone numbers of 3 professional/educational volunteer references. Please briefly describe your relationship to this person.

1. _____

2. _____

3. _____

Please provide any other information pertinent to organizational memberships, affiliations etc.

Emergency Person to Contact: _____

Telephone Number: _____

Mentor Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application may be rejected, and if I become a volunteer, my status may be curtailed at any time.

I agree to conform to the agency's rules and regulations, and I understand that these rules and/or the volunteer handbook do not form a contract, either express or implied, and I agree that my volunteer work can be terminated at any time, at either my or the agency's option. I also understand and agree that the terms and conditions of my involvement as a volunteer may be changed, with or without cause and with or without notice, at any time by the agency.

I expressly permit without reservation, the agency, and its representatives to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in the volunteer application. I hereby waive any and truthful and no defamatory information, in a lawful manner, in the volunteer process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered as a volunteer it will be necessary for me to reapply and fill out a new application.

This agency does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. No question on this application is used to limit or exclude an applicant from volunteer consideration.

Applicant's signature _____ **Date** ____/____/____

V-00

Reviewed 3/83, 5/86

Revised 3/96, 12/2000, 4/2010, 12/2011/5/2013