



MENTOR Application

Please complete the Volunteer Application Form and submit by e-mail. If you have Adobe Acrobat on your computer, you may complete this form electronically, save it and send by e-mail to vsingleton@champsmentoring.com.

If you do not have Adobe Acrobat, you can use Adobe Reader. You can download Adobe Reader for free at <http://get.adobe.com/reader>. With Adobe it. Once you have completed the form, you may print it, scan and email to

vsingleton@champsmentoring.com.

You may also print the form, complete by hand and send by mail to:
CHAMPS MALE MENTORING, 7131 S. SOUTH CHICAGO AVE.
CHICAGO, IL 60619

Volunteer Position

Please select the position you are applying for:

Refer to the position description for a list of school-sites where your volunteer position is available. Please list your three preferred school-sites below.

First preferred school-site

Second preferred school-site

Third preferred school-site

Personal Information

Title

First Name

Last Name

Gender

Street Address

Address Line 2

City

State

ZIP Code

E-mail Address

Telephone

What is your preferred method of contact?

What is your highest level of education?

In what capacity are you volunteering?

Employment Information

Are you currently employed?

Name of Current Employer

Employer Telephone

Employer E-mail

Employer Address

Employer Address Line 2

Employer City

Employer ZIP Code

May we contact your employer?

References

In the space provided, please list two professional references and their contact information. References can be from current or former employers, organizations where you have volunteered, academic institutions or other organizations where you have demonstrated your professional skills. Please do not include relatives as references.

Reference 1

Name

Relationship to You

Company/Organization

Title/Position

E-mail

Telephone

Reference 2

Name

Relationship to You

Company/Organization

Title/Position

E-mail

Telephone

Volunteer Experience

Do you have any previous volunteering experience?

If yes, please describe your volunteer experience including dates and in what capacity you volunteered.

Have you volunteered with C.H.A.M.P.S. MENTORING previously?

If yes, please describe your experience. When did you volunteer? Where (what school site) did you volunteer? What responsibilities did you have?

Please describe why you would like to volunteer with C.H.A.M.P.S. MENTORING.

Please describe any special skills you have that might be applicable to this volunteer position, including experience work with children or at-risk youth.

How did you first learn about C.H.A.M.P.S. volunteer program?

Are you volunteering to fulfill a community service requirement?

If yes, what type of requirement?

Have you ever been convicted of a felony?

Emergency Contact Information

Name

Relationship to You

Telephone

Background Check

Because C.H.A.M.P.S. volunteering involves working in schools with children and youth, all volunteers must complete an application, provide training upon their first day of volunteering. The background check process references, attend an interview session at the school site and complete a brief generally takes between two and four weeks.

Please check the box to confirm that you understand that you must submit to a background check in order to serve as a volunteer at C.H.A.M.P.S.

Media Consent

You must give permission and consent for the use of any photographs, video or other recordings of your volunteer participation in any lawful purpose without compensation. If you select "I do not give my consent," and are therefore choosing not to be photographed, videotaped or recorded, it is your responsibility to inform the photographer or videographer and/or remove yourself from the media.

Minimum Age Requirement

Please check the box to confirm that you are 18 years of age or older