

Virginia Career Works Central Region Youth Career Mentoring Service



Mentor Application

Thank you for your interest in becoming a Career Mentor. Prior to commencement as a volunteer mentor, all applicants must undergo a criminal background check, and participate in both a virtual or in-person interview and volunteer training. There is no charge to you for meeting these essential criteria. Please complete this application and forward to keith.cook@vcwcentral.com.

Please specify preferred method of contact: (select any that apply)	
<input type="checkbox"/> text <input type="checkbox"/> call <input type="checkbox"/> email <input type="checkbox"/> other	
First Name:	Last Name:
Home Address:	Date of Birth:
	Gender:
Preferred Phone #:	Secondary Phone #:
Email Address:	Do you have any medical conditions VCW should be aware of?
Emergency Contact Name: Phone #: Relationship to Applicant:	Permission for photo to be taken and used for marketing/promotional materials: <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number:	Race/Ethnicity:
Current Employer(s): 1. 2.	Occupation: 1. 2.
Length of Employment: 1. 2.	Previous Relevant Experiences/Employment:
Secondary Education: Post-Secondary:	Certifications/Credentials:

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Please describe your career pathway in as much detail as possible including education, experience, training, certifications, professional influences, career changes and more. These details will allow us to make the best possible match:

General Information

Do you have a gender preference for your mentee? If so, please identify which gender you would prefer to be matched with:

Do you have WiFi in your home?

Yes

No

Do you have access to a smart phone, laptop or iPad with a camera for the purposes of virtual mentoring sessions?

Yes

No

Do you prefer in-person or virtual sessions?

Virtual

In-Person

Either

Please CIRCLE all of the times you are available:

Monday: Morning Afternoon Evening

Tuesday: Morning Afternoon Evening

Wednesday: Morning Afternoon Evening

Thursday: Morning Afternoon Evening

Friday: Morning Afternoon Evening

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Saturday:	Morning	Afternoon	Evening
Sunday:	Morning	Afternoon	Evening
Comments:			

1. Have you previously applied to be or served as a mentor in the past?

Yes No

If yes, when and where? _____

2. Do you have any knowledge, experience, or involvement with Virginia Career Works?

If yes, please describe _____

3. Have you ever been involved with or volunteered for another youth organization? Yes / No

If yes, when and where? _____

4. Have you ever been denied acceptance or released from service as a volunteer or mentor from another youth-serving program or other organization? Yes / No

If yes, when and where? _____

5. Are you interested in learning about additional ways to contribute to the Virginia Career Works Youth Program? Yes / No

If yes, please check all interests that apply.

Host a participant for a work experience (host sites may be public sector, private sector, non-profits, churches, volunteer organizations).

Host a participant for a shadowing experience (host sites may be public sector, private sector, non-profits, churches, volunteer organizations).

Help to recruit volunteers for mentorships, tutoring, and more.

Become a sponsor employer for a youth participating in a Registered Apprenticeships or On-the-Job Training

Participate in Career Conversations- working or retired professionals interviewed by a VCW participant within the stage of career exploration.

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___ Invite Virginia Career Works to speak at a company, church, organization, or other group of which I am a member.

Reference Information

Please provide contact details of three other people (other than immediate family members) who could provide a personal/character reference for you. These referees should have known you for more than 2 years. (Please note, only one referee can be a personal friend).

<p>Reference #1 Reference Name: Relationship to Applicant: Address: Phone #:</p>
<p>Reference #2 Reference Name: Relationship to Applicant: Address: Phone #:</p>
<p>Reference #3 Reference Name: Relationship to Applicant: Address: Phone #:</p>

If you have previously or currently volunteered or worked with any youth organizations, please list them below:

Organization Name:

Supervisor:

Phone Number:

Address:

When did you work with this organization?

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1. What are some things you would share with a mentee to aid them in pursuing your occupation/profession?
2. What excites you the most about being a career mentor? What makes you nervous?
3. Tell us about a time when you had to work with a group of people from a different culture or environment. How did you adapt to this change?
4. Is there anything you wish to disclose that may have a positive or negative impact on your services as a career mentor?

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I CONSENT AND UNDERSTAND THAT:

- 1.) The references I listed may be contacted by Virginia Career Works- Central Region Youth Program Staff.
- 2.) Other agencies and youth organizations where I have worked or volunteered may be contacted as references;
- 3.) The information I provided may be used to conduct a background check, to include a search of public domain records, driving records check, juvenile and adult criminal history check (see attached authorization), military records, and other records where required by local, state, or federal law for volunteers working with youth.
- 4.) This application in no way obligates me to be a part of the Virginia Career Works Youth Program Career Mentoring service.
- 5.) The information I provided will be used to assist Virginia Career Works in creating the best possible mentor match.
- 6.) Virginia Career Works can close your mentor match at any time based solely on the professional decision to do so.
- 7.) I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law.
 - a. I understand that detailed accounts of child abuse or neglect, past or present, will be reported to proper authorities;
 - b. I understand that certain relevant information about me will be discussed with the parent/guardian of a child who is a prospective match.
- 8.) If any of the information provided in the interview and application process changes I will notify VCW Staff immediately.

Volunteer Printed Name _____

Signature _____ **Date** _____

Please submit the completed application to keith.cook@vcwcentral.com