

# VOLUNTEER APPLICATION



Name: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

\_\_\_\_\_ Evening Phone #: \_\_\_\_\_

\_\_\_\_\_ E-mail Address: \_\_\_\_\_

(indicate home/mailling if different)

Date of Birth: \_\_\_\_\_

Current Employment: \_\_\_\_\_

What do you hope to gain from being a Community Friend volunteer?

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What types of experience, formal or informal, do you have relating to children?

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What personal strengths would help make your Community Friend relationship successful?

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What kinds of activities would you like to share with your Community Friend?

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How did you hear about us? \_\_\_\_\_

The commitment of a volunteer in the Community Friends Program is to get together with their mentee for an average of 3 hours a week for a year, to participate in mentor training, and to attend 4 program gatherings a year. Can you do this? Yes  No  if no, please explain:

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**Please list three non-family references that we may contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_

**Please return to:**

Kristen Hayden-West  
Community Friends Mentoring  
HowardCenter  
1138 Pine Street  
Burlington, VT 05401

Have any questions? Kristen can be reached at: (802) 488-6650 or  
kristenhw@howardcenter.org

