

Family Mentor Program-Family and Children's Services of Central New Jersey

977 Route 33 W, Suite 101
Monroe Twp., NJ 08831
Phone: (609) 448-0575
Fax: (609) 443-1512

Please return completed application to:
The Family Mentor Program
977 Route 33 W, Suite 101
Monroe Twp., NJ 08831
Or fax it to: (609) 443-1512 attn: Pam Senatore

VOLUNTEER APPLICATION
Family Mentor Program

Date: _____

Name: _____

Address (city, state, zip): _____

Home Phone: _____

Work Phone: _____

How long have you lived there? _____

Previous Address (city, state, zip): _____
(If Less Than 7years)

How long did you live there? _____

Email Address: _____

Date of Birth: _____

Social Security Number: _____

NOTE: We will be conducting both criminal and motor vehicle background checks on all interested applicants. Please provide us with the following information:

Have you ever been convicted of a criminal offense? Yes No
If yes, give details. (Use the last lined page of this application if necessary.)

Have you ever been formally charged with neglect, abuse, or assault? Yes No
If yes, give details. (Use the last lined page of this application if necessary.)

Automobile

Do you have a valid driver's license?

License Number and State:

Expiration Date:

Is your automobile registration valid?

Expiration Date:

Is your automobile insurance valid?

Expiration Date:

Are you presently...

Employed:

Seeking Employment:

Student:

Retired:

Stay at home parent:

Work Experience (List most recent first)

Dates (From-To) Employers Name, Address and Position:

Volunteer Experience (List your past and present volunteer activities)

Population Served

Population Served

List three character references, other than family, who may be contacted:

Name:

Relationship:

Address (city, state, zip):

Telephone:

Name:

Relationship:

Address (city, state, zip):

Telephone:

Name:

Relationship:

Address (city, state, zip):

Telephone:

Whom should we contact in case of an emergency?

Name:

Relationship:

Address (city, state, zip):

Telephone:

Signature of Volunteer Applicant:

Signature of Interviewer:

Please Note: In order to defray the cost of conducting criminal background checks, we ask that all potential family mentors contribute \$10.00. We prefer that payment be in the form of a check or money order made payable to Family & Children's Services of Central New Jersey, but can accept cash if necessary. Thank you in advance for your understanding.

VOLUNTEER RELEASE FORM

Date:

Expires 90 days after above date

I hereby give my permission to any law enforcement agency, motor vehicle agency, employer or medical facility with whom I have been in contact to give information requested to Family and Children's Services of Central New Jersey, Inc., during the process of becoming a certified Family Mentor for the Family Mentor Program.

Applicant (print name):

Applicant's Signature:

Personal Reference Information

Name:

Address:

Phone:
