WOMEN AT THE WELL BROWARD

Daughters with a Destiny
VOLUNTEER APPLICATION

_____ Verified by ID

_____ Staff Initials _____ Date

Print or type responses:

Full Legal Name_____ _____ _____
First Middle Initial Last

Gender: ☐Female ☐Male Date of Birth: _____/_____/_____ Ethnicity_____
Mo. Day Year

Mailing address _____

City _____ State _____ Zip_____

E-mail _____

Preferred Contact Number ☐Home Phone ☐Cell Phone ☐Work Phone

Phone Numbers Home _____ Work _____ Cell_____

Employer _____ Length of Employment_____

Job Title _____ May we contact you at work? ☐Yes ☐No

Education completed:

High School ☐ Other ☐_____

2-year degree in _____ School _____

4-year degree in _____ School_____

Advanced degree(s) in _____ School_____

How was the Program brought to your attention? _____

_____

What motivated you to apply to the Program? _____

_____

Will you be able to meet with a student at least once a month during the school year? ☐Yes ☐No

What are your hobbies, special skills, or other interests?_____

_____

What do you like to do in your leisure?_____

_____

What other affiliations (e.g., service or volunteer organizations) do you have?_____

_____

What do you hope to gain from the mentoring experience? _____

_____

What do you hope your mentee gains from the mentoring experience?_____

_____

Do you have prior mentor experience? ☐Yes ☐No If yes, please explain: (Program Name & Dates)

_____

_____

Mentors often have a particular set of experiences to share, please help us achieve the best possible match by specifying if you would like to mentor a student from a specific cultural background (if available)? ☐Yes ☐No

If yes, what cultural background?_____

Is there a particular student you would like to mentor? ☐Yes ☐No

If yes, name _____High School_____

Why? _____

Are you willing to have the conduct a background check on you, including fingerprints?
☐Yes ☐No

List three people (non family members) who can serve as character references for you.

(1) Name _____ Relationship _____ For _____ years.

Mailing Address _____City _____State ____ Zip _____

Phone _____ Email: _____

(2) Name _____ Relationship _____ For _____years.

Mailing Address _____City _____State ____ Zip _____

Phone _____ Email: _____

(3) Name _____ Relationship _____ For ____ years.

Mailing Address _____City _____State ____ Zip _____

Phone _____ Email: _____

I certify that the information I have supplied is correct to the best of my knowledge. I grant permission for you to contact the references provided. I also understand and agree to the duties and requirements described in the Volunteer Duties and Requirements.

Signature _____ Date _____

Please Return to:

Women at the Well-Broward Inc
Mentor Recruitment
PO BOX 8661
Deerfield Beach, FL 33443
Or
Email: Daughters@watwbroward.org