

Harvest Life Foundation (HLF)

Our mission is to help people successfully re-enter the community after incarceration by increasing their access to employment, education and support services within a diverse, multicultural environment.

Volunteer Mentor Application

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ E-mail: _____

Social Security #: _____

Date of Birth: ____/____/____ Gender: †Male †Female †Other _____

How did you hear about this opportunity? _____

Employment Information

Are you currently employed?

Please provide employment information for your most recent employment:

Employer: _____

City: _____ State: _____

Your title: _____

Volunteer Experience

WHEN **WHERE** **ROLE**

WHEN **WHERE** **ROLE**

Education & Training

Institution	Location	Course of Study	Degree/certificate received & date

7. **If you are applying to be a one-to-one mentor**, are you available to meet with a participant once a week for at least 1 hour?

Is there anything else you'd like us to know?

Availability

Please tell us about your time commitments for work, travel, college, family and other volunteer positions.

If you are applying to be a workshop or group mentoring facilitator or activity leader, when are you available for sessions?

Weekday mornings	Weekday afternoons	Weekday evenings	Weekend mornings	Weekend afternoons	Weekend evenings

By signing below, I attest that all information listed on this application is true and complete to the best of my knowledge.

X _____
Signature

Date

Fax Return application to:
Harvest Life Foundation
4565 S. Wayside, Ste. 104
Houston, Texas 77087
Fax: 888-214-8262
Phone: 713-921-7771

Please call us at 713-921-7771 with questions or to set up an interview.

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Personal References

Please list the names and phone numbers of three people you would like to use as character references (please choose people whom you have known for at least a year). Any information gathered from these references by Harvest Life Foundation will be held as confidential.

Name: _____

Phone: _____ Best time to contact: _____
INCLUDE TIME ZONE OR STATE OF RESIDENCE

Email, if known: _____

Relationship: _____ Known how long? _____

Name: _____

Phone: _____ Best time to contact: _____
INCLUDE TIME ZONE OR STATE OF RESIDENCE

Email, if known: _____

Relationship: _____ Known how long? _____

Name: _____

Phone: _____ Best time to contact: _____
INCLUDE TIME ZONE OR STATE OF RESIDENCE

Email, if known: _____

Relationship: _____ Known how long? _____

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Information Release

I _____, understand it will be necessary for Harvest Life Foundation (HLF) to conduct a background check investigating my driving record, criminal history, personal references, volunteer experiences, and employment.

I authorize Harvest Life Foundation to obtain any needed information regarding my **driving record, criminal history, personal references, and volunteer experiences**, from any state and federal agency, my personal references for the purposes of participating in this mentoring program. Further, I provide permission for HLF to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective participant to aid in determining a suitable match. Once a mentor/participant match is determined, my identity, only, may be shared with the participant.

X _____
Signature Date

Full Legal Name: _____

Date of Birth: ____/____/____ Social Security Number: _____-_____-_____

Current Driver's License Number: _____ State: _____

Please list any other cities, states, and dates of residency during the past 5 years.

City State From (m/year) To (m/year)

City State From (m/year) To (m/year)

City State From (m/year) To (m/year)