

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

Any special skills, certifications, trades or abilities that you'd like us to know about?

Application Questions

Please answer all of the following questions as completely as possible. If you need additional space, write on the back of this page or attach another sheet of paper.

I am interested in the following volunteer positions (see Volunteer Opportunities guide):

- Mentor (one-to-one) Group Mentoring Facilitator Workshop Facilitator
 Activity Leader Specialized Mentor

1. Why do you want to become a mentor, facilitator, or activity leader?
2. What qualities, skills, or attributes do you have that would benefit a participant?
3. Have you ever been arrested? If so, were you convicted? Please describe all instances. What were the circumstances? (dates, charges, locations, etc)
4. Are you in recovery from substance abuse and addiction? If yes, how long have you been clean and sober? Did you complete any treatment programs?
5. Why do you want to work with adults who have been incarcerated?
6. **If you are applying to be a one-to-one mentor**, can you commit to participate in the mentoring program for at least six months and to communicate with the participant with whom you are matched at least once per week?

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:
 Ros Brooks, Mentor Coordinator
 Harvest Life Foundation
 Fax: 888-214-8262
 Phone: 713-921-7771

Please call Ros Brooks, 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)