



Volunteer/Mentor Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
School or Employer	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| | <input type="checkbox"/> Weekend evenings |

Interests

Please select specific areas of interest:

- | | | | |
|---|--|---|------------------------------------|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Grant Development | <input type="checkbox"/> Volunteer Services | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Marketing/P/R | <input type="checkbox"/> Program Development | <input type="checkbox"/> Special Events | |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Tutoring/Education | |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer/Mentor Experience

Summarize your previous volunteer/mentor experience.

Why do you want to volunteer or mentor with Infinity Love?

Do you have a valid Driver's License? Yes No

If yes, from what State? _____ Driver's License # _____

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (please list only people you have known for at least a year):

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Application Fee

Application fees are used in order to defray the administrative costs of operating (expenses of processing applications, completing background checks, and administering the mentoring program) and to ensure that we will be able to provide each of our girls with qualified mentors like you, who will make a substantive difference in their lives.

Are you willing to pay a \$30 non-refundable administrative fee to help offset the cost of a FBI criminal background check? Yes No

If No, please give your reason: _____

Please Read this carefully before signing:

Infinity Love appreciates your interest in becoming a mentor.
Please initial each of the following:

_____ I understand that Infinity Love is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow Infinity Love to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return the following items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license and proof of auto insurance
- Current Copy of your Resume
- Non-Refundable Money Order or Cashier's Check for \$30 to help offset the Cost of FBI Background Check

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that as a part of the volunteer verification process, additional personal information may be required of me through an interview with Infinity Love's professional staff. I also authorize Infinity Love to contact the references listed and to conduct any necessary background checks.

Name (printed)	
Signature	
Date	

Please return your application via email to volunteer@infinitylove.org
or by mail to:

Infinity Love
P.O. Box 922
Central Islip, NY 11722
347-753-8577
www.infinitylove.org