



"Building a Legacy by Offering Opportunities is our Mission"

Volunteer Application

Contact Information:

Full Name _____
(Last Name) (First Name) (Middle Name)

Address (City/State/Zip) _____

Email Address _____

Home Number _____ Mobile Number _____

Date of Birth (MM/DD/YY) _____ Age _____

Gender _____

Do you have a valid driver license Y/N Do you have car insurance Y/N Insurer _____

Please provide License Number _____ State _____ Exp. Date _____

Have you ever been convicted of a misdemeanor/ felony Y/N If yes, explain _____

Employment History Information:

Present Employer _____ Position/ Role _____

Previous Employer _____ Position/ Role _____

Previous Employer _____ Position/ Role _____

May we place your work history on our networking database? (Occupation and Company only) Y/N

Volunteer History Information:

Do you have previous volunteer experience Y/N Please describe _____



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Have you worked with youth in the past Y/N If yes; please describe your experience and responsibilities _____

Education Information:

Graduate/Professional (Name School) _____

Did you Graduate Y/N Dates Attended _____ Degree Obtained _____

Under-Graduate/Professional (Name School) _____

Did you Graduate Y/N Dates Attended _____ Degree Obtained _____

High School (Name School) _____

Did you Graduate Y/N Dates Attended _____ Degree Obtained _____

References:

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

Full Name _____

Address (City/State/ Zip) _____

Email Address _____ Contact Number _____

Relationship _____

Full Name _____

Address (City/State/ Zip) _____

Email Address _____ Contact Number _____

Relationship _____

Full Name _____

Address (City/State/ Zip) _____

Email Address _____ Contact Number _____

Relationship _____



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Volunteer Interest:

Explain your interest in being a volunteer with the Bloom Project _____

Circle what program you are most interested in: **Project King Mentor**

Volunteer Authorization

Bloom Project, Inc. appreciates your interest in becoming a volunteer. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to receive a requested federal and state criminal records check.

I authorize Bloom Project Inc. to contact my references and collect a background check. I have informed the Bloom Project Inc. of any convictions or charges that relate to minors or vulnerable adults on this application.

I have read and understood the program's rules, regulations, and responsibilities for becoming a mentor and/or volunteer. If selected I will follow the rules of the program and be a dedicated mentor and/or volunteer. I agree to keep confidential all information about the youth as well as any information learned about his/her family confidential. I agree to the time commitment of at least 4 hours a month dedicated to Project King Mentoring.

Signature

Date

Photo Release:

I understand that by signing this application I hereby consent to the use of my name, likeness and speech in any audiotape, videotape, film, photograph, or electronic transmission or display made during the course of the Bloom Project Inc. Youth Mentoring program for any business purpose.

Signature

Date

Office Use Only: Approved Y/N

Staff Reviewed Initials _____