

## Mentoring Application for Goodwill Industries of Denver

Goodwill Industries of Denver, 6850 North Federal Blvd. Denver, CO 80221

Your Full Name: \_\_\_\_\_

\* Ethnicity/Race: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Male\_\_\_ Female\_\_\_ Date of Birth: \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

\* Goodwill asks about your ethnicity, race, and familial status only for purposes of finding an ideal mentee for you. This information is optional, and has no effect on whether you are accepted as a mentor.

Military Service: Time Served \_\_\_\_\_ Branch \_\_\_\_\_ Rank \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Discharge Date \_\_\_\_\_

Employment:

Current Employer \_\_\_\_\_ Title \_\_\_\_\_

Employer Address \_\_\_\_\_

Name of business contact or supervisor \_\_\_\_\_ Phone \_\_\_\_\_

How long at current employer? \_\_\_\_\_ Hours worked per week (average) \_\_\_\_\_

Please describe current job responsibilities: \_\_\_\_\_

Please list areas of expertise: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Title \_\_\_\_\_

Employer Address \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ How long employed? \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Have you ever been convicted of committing any felony or misdemeanor, not including minor traffic violations? \_\_\_ Yes \_\_\_ No

Have you ever been investigated or arrested for, pled no contest to, or received a deferred sentence or deferred prosecution for any crime involving unlawful sexual behavior or unlawful behavior involving a child? \_\_\_ Yes \_\_\_ No

If you answered yes to either of the above, please explain. Include the crime for which you were convicted, the date of the conviction, and the court entering judgment of conviction. A 'yes' answer does not automatically exclude you from volunteering; each case will be assessed on an individual basis.

Do you feel that you can commit yourself to mentoring for at least one school year and spend an average of 4 hours monthly with the student to whom you are assigned? \_\_\_\_\_

Are there any circumstances that would limit your ability to follow through with mentoring? \_\_\_\_\_

How did you learn about Goodwill's School To Work Mentoring Program? \_\_\_\_\_

**Please list the day(s) of the week that would work best for your schedule** \_\_\_\_\_

**Please list the time that you would be available to meet with a student between 7:30am-2:30pm (any school location)** \_\_\_\_\_

*Note: all mentoring is a one hour per week commitment.*

**References:**

*(Please include 1 family member that does not reside with you, 1 friend, & 1 professional or volunteer reference)*

Name of Reference	Phone	Complete Mailing Address	Email
_____	_____	_____	_____

Name of Reference	Phone	Complete Mailing Address	Email
_____	_____	_____	_____

Name of Reference	Phone	Complete Mailing Address	Email
_____	_____	_____	_____

*(References will be mailed a reference letter or contacted by phone)*

I understand that all the information which I have given and will give to the professional staff of the program may be substantiated. Staff working on the Mentoring Program may examine my employment records and any records of law enforcement agencies that pertain to me. All information will be held in the strictest confidence, and the information may be used to determine my suitability for participation in the School To Work Mentoring Program. I understand that the School To Work Program does not discriminate on the basis of race, religion, or sexual orientation. I understand and agree that I am not obligated, if called upon, to perform services of a mentor and that the School To Work Program is not obligated to assign a student to me. It is also my understanding that it is the policy of the School To Work Program not to release information to anyone, including myself, concerning decisions of non-acceptance.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

- Please arrange an interview with a Mentor Coordinator for Goodwill’s School To Work Mentor Program.
- Please complete all the paperwork in this Mentor Packet. Goodwill Industries will pay the fee for the background checks.
- **Please provide a copy of your Driver’s license or ID.**

*Goodwill values your privacy, and will use the information you have provided only for purposes directly related to your involvement with mentoring or other volunteer programs.*

**Return Completed Application to:  
 Goodwill Industries of Denver  
 Attention: Youth Services,  
 Volunteer Programs  
 6850 North Federal Blvd.  
 Denver, CO 80221**

**Background Information & Interview**

*All information will be used only for purposes of mentoring or volunteer programs.*

Your Name \_\_\_\_\_

**I. MOTIVATION:**

Why do you want to be a mentor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experiences, if any, do you have working with youth, especially high school youth?  
\_\_\_\_\_  
\_\_\_\_\_

Would you be comfortable working with someone of a different ethnicity? \_\_\_\_\_  
Why or why not? \_\_\_\_\_  
\_\_\_\_\_

**II. FAMILY BACKGROUND:**

Current Living Situation (roommate, partner, etc.): \_\_\_\_\_  
\_\_\_\_\_

Name of Spouse or Partner: \_\_\_\_\_

Name(s) & Age(s) of Children: \_\_\_\_\_  
\_\_\_\_\_

Tell us briefly about growing up (born, raised, moving, history, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your home life during your high school years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. **EDUCATION:**

What was high school like for you (Grades, behavior, activities, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of high school: \_\_\_\_\_ Location: \_\_\_\_\_

Did you go on for further training or education after high school? \_\_\_\_\_

School: \_\_\_\_\_ Location: \_\_\_\_\_

Do you have any plans for continuing education? If so, why? \_\_\_\_\_  
\_\_\_\_\_

Did you have certain dreams, goals, or directions in high school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. **EMPLOYMENT:**

Were you employed during high school? \_\_\_\_\_ If so, where? \_\_\_\_\_  
\_\_\_\_\_

Were you employed during college (if applicable)? \_\_\_\_\_ If so, where? \_\_\_\_\_  
\_\_\_\_\_

What do you like best about your current job? \_\_\_\_\_  
\_\_\_\_\_

What do you like least about your current job? \_\_\_\_\_  
\_\_\_\_\_

What are your long-range work goals? \_\_\_\_\_  
\_\_\_\_\_

V. **PERSONALITY:**

Describe yourself: \_\_\_\_\_  
\_\_\_\_\_

What do you like most about yourself? \_\_\_\_\_  
\_\_\_\_\_

What do you like least about yourself? \_\_\_\_\_

\_\_\_\_\_

What has been your biggest accomplishment? \_\_\_\_\_

\_\_\_\_\_

What has been your biggest regret? \_\_\_\_\_

\_\_\_\_\_

How do you react in a stressful situation? \_\_\_\_\_

\_\_\_\_\_

VI. **ACTIVITIES:**

What do you do for your social life / leisure time (relieve stress)? \_\_\_\_\_

\_\_\_\_\_

Are you a member of any social clubs or organizations? \_\_\_\_\_

\_\_\_\_\_

**Goodwill Industries of Denver  
6850 North Federal Blvd., Denver, CO 80221**

**GOODWILL YOUTH SERVICES  
VOLUNTEER MENTOR CONTRACT**

This mentor contract defines my volunteer commitment with the Goodwill Youth Services Mentoring Program, the school, and the mentee. The length of my commitment begins when I meet with my mentee and continues through the end of the school year or for two consecutive semesters. In consideration of the opportunity to serve as a mentor for Goodwill’s Youth Services, I agree to do the following:

1. Meet with the student (my mentee) for approximately 4 hours monthly.
2. Be a consistent and reliable friend; accept the mentee with an open mind, a nonjudgmental attitude, and willingness to learn.
3. Keep matters concerning the student and the student’s family confidential, except as provided below.
- 4. Report to the Goodwill Mentor Coordinator if there is any indication of physical, sexual, mental or emotional abuse, drug abuse, or if there is a threat of suicide. Report to school staff if the threat is immediate.**
5. Help the student access appropriate resources.
6. Attend a Goodwill Mentor Training before meeting with student.
7. Ask about things which are not understood and communicate openly with the Goodwill Mentor Coordinator.
- 8. Notify the Mentor Coordinator immediately if I can no longer serve as a mentor, have any problems with the mentor/mentee relationship, or change address/phone/email/employment.**
9. Complete and return Monthly Mentor Logs and the Mentor Survey Form.

I have read this agreement and will make every effort to become a trusted, adult friend to my mentee.

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Mentor Signature

Mentor Name (Please Print)

Date



**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK  
IN COMPLIANCE WITH THE FCRA and the DPPA  
(Fair Credit Reporting Act and the Federal Driver's Privacy Protection Act)**

Date: \_\_\_\_\_ Driver's Lic # \_\_\_\_\_ State Issued \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

\_\_\_\_\_ Maiden and/or Other Last Names Used \_\_\_\_\_

\_\_\_\_\_ Current Address \_\_\_\_\_ City and County \_\_\_\_\_ State and Zip Code \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Circle One: Male / Female

This authorization and consent for release of personal information acknowledges that Goodwill Industries of Denver (Hereafter referred to as "Company") and/or its agent, Trak-1 Technology, may now, or at any time I am a volunteer with this Company, conduct investigations into records that are of a public, private, or confidential nature. These investigations might include, but are not limited to, searches of criminal history information on file in local, state, or federal agencies, as well as motor vehicle records.

I understand that these searches will be used to determine work assignment under the company's volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. After reading this document, I fully understand its contents and authorize the background verification.

**THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE, AND LEAVE NO TIME PERIOD UNACCOUNTED FOR.**

CITY/TOWN	COUNTY	STATE	DATES FROM	TO

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL VOLUNTEER POSITIONS WILL EXIST AND MAY BE USED AT THE DISCRETION OF GOODWILL.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Applicant (Print Name) \_\_\_\_\_

Applicant Signature \_\_\_\_\_



(Please place copy of photo identification here)

**GOODWILL INDUSTRIES OF DENVER  
INDIVIDUAL VOLUNTEER SERVICE AGREEMENT AND  
PARTICIPANT ASSUMPTION OF RISK AND RELEASE**

I, \_\_\_\_\_, hereby volunteer my services to Goodwill Industries of Denver, without compensation, and agree to perform only the services as follows:

**MENTOR FOR THE SCHOOL TO WORK PROGRAM**

I understand that my participation in Goodwill Industries of Denver programs, operations, and/or maintenance activities is a voluntary activity and that I am donating my labor, free of charge, and agree to perform assigned tasks in a responsible manner. Furthermore, in consideration of permission to participate in said volunteer activity, I hereby agree to **ASSUME THE RISKS OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH** associated with participation in this activity; I agree to **RELEASE** Goodwill Industries of Denver, its employees, agents, representatives, and volunteers from any or all liability that may arise in connection with this activity; I agree that the terms hereof shall serve as an **ASSUMPTION OF RISKS AND RELEASE** for my heirs, estate, executor, administrator, assignees, and for all members of my family. Furthermore, I give my **PERMISSION** to have photos/video tapes taken, without recompense, during the Goodwill Industries of Denver volunteer activities and used for publicity purposes.

I hereby identify that I am capable of performing the above duties without accommodation or with the following accommodation(s):

**I understand additional questions regarding this volunteer opportunity should be directed to the Mentor Coordinator.**

**I understand that I will adhere to all school rules and policies. I will adhere to directions given by school teachers and staff, as well as Goodwill Industries staff. I also agree to only meet with the student with whom I am matched at his/her school location during school hours.**

I understand that I will not be permitted to appear for any type of volunteer service under the influence of any drugs or alcohol.

I understand I am to report any on-the-job injury or illness, no matter how minor, to Wendy Rice, Community Relations Manager, at 303.650.7733, or to Nora Rimando, Coordinator, Safety Benefits, at 303.650.7729.

I consent to Goodwill Industries of Denver performing a background check into my history and waive any right of privacy for the limited purpose of Goodwill Industries of Denver considering it for determining my suitability as a volunteer.

I understand that Goodwill Industries of Denver or I may terminate this Agreement at any time without cause, that I am volunteering my services at will, and that I may be asked to discontinue my volunteer services without prior notice or reason.

I acknowledge that I understand the policies listed above and have had the opportunity to ask any questions.

This Agreement will be in effect for the duration of my volunteer service beginning this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

CAUTION: BY SIGNING THIS VOLUNTEER AGREEMENT AND ASSUMPTION OF RISKS AND RELEASE, I ACKNOWLEDGE THAT I HAVE READ ITS CONTENTS AND WARNING, THAT I UNDERSTAND ITS CONTENTS AND WARNING, AND THAT I AGREE TO ITS TERMS.

\_\_\_\_\_  
Volunteer (signature and date)

\_\_\_\_\_  
Volunteer (print)

\_\_\_\_\_  
Phone

**GOODWILL INDUSTRIES OF DENVER**

**RELEASE OF INFORMATION  
FOR MARKETING & FUNDRAISING PURPOSES**

**VOLUNTEER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

Goodwill Industries of Denver respects your Right to Privacy and will communicate with other agencies and the public only with your permission.

I agree to have Goodwill Industries of Denver share the following information:

My comments, remarks and quotes made in connection with my involvement with Goodwill as a volunteer. My photograph in association with my role as a volunteer for Goodwill Industries of Denver.

I agree to have Goodwill Industries of Denver share the above information with:

Local media outlets in the Denver metro area including magazines, newspapers, television and radio stations and online media. Information may also be shared with Goodwill International.

Information may be used by Goodwill Industries of Denver for marketing, fundraising and communication purposes that may include annual reports, newsletters, agency website, media releases and mission-related marketing and advertising including signage, ads, features, sponsorship proposals, direct mail and other fundraising appeals.

I have the right to revoke this agreement at any time.

This agreement is in effect from \_\_\_\_\_ to \_\_\_\_\_.

**VOLUNTEER SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Marketing & Fund Development  
Goodwill Industries of Denver**

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_