

Lowell Association for the Blind

VIP MENTOR APPLICATION

Please complete the following application. All mentors working with the youth program **must** pass a CORI check prior to their start date.

Personal Information:

Name _____

Address _____
Street City State ZIP

Home phone _____ Mobile phone _____

E-mail address _____

Emergency Contact:

Name _____

Address _____
Street City State ZIP

Home phone _____ Mobile phone _____

Volunteer Information:

Indicate your grade preference: Elementary
 Jr. High/Middle School
 High School

What do you feel are the strengths (bilingual, math skills, previous relevant volunteer experience, etc.) you can bring to this program? _____

Educational Background (mark one):

- | | |
|---|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Graduate/professional school |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Technical school |
| <input type="checkbox"/> Some college | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> Other (please specify) _____ | |

Why do you want to become a mentor? _____

Please list two references:

Name _____

Address _____
Street City State ZIP

Phone _____ E-Mail _____

Relationship _____

Name _____

Address _____
Street City State ZIP

Phone _____ E-Mail _____

Relationship _____

Home phone _____ Mobile phone _____

Do you prefer working with a quiet, reserved child or an outgoing child?

Quiet/Reserved Outgoing No Preference

What are three words that would best describe you? _____

Please describe three things that you are good at: _____

What are some favorite things you like to do with other people? _____

Please list any hobbies or interests you may have: _____

My favorite subject in school was _____

My least favorite subject in school was _____

What individual has served as a role model for you? Why? _____

If you could recommend one book for your mentee to read, what would it be? _____

What kind of activities would you like to do with the VIP Mentoring Program?

Please put an X by the activities you enjoy the most:

- | | |
|---|---|
| <input type="checkbox"/> Playing sports such as _____ | <input type="checkbox"/> Going to the movies |
| _____ | <input type="checkbox"/> Arts and crafts |
| <input type="checkbox"/> Watching sports such as _____ | <input type="checkbox"/> Visiting zoos and parks |
| _____ | <input type="checkbox"/> Visiting museums |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Using computers |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Playing games |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Listening to music such as _____ | <input type="checkbox"/> Exploring possible careers |
| _____ | <input type="checkbox"/> Hiking and seeing nature |
| <input type="checkbox"/> Attending plays | <input type="checkbox"/> Other _____ |

Is there anything else that you would like to describe about yourself that may help us find the best mentee for you? _____

Authorization for Release of Negatives, Photographs, Videos and/or Names:

I authorize use of photographs, negatives, videos, and my name (as a member of the Lowell Association for the Blind). I give the Lowell Association for the Blind permission to use any of these for public relations purposes or other appropriate purposes. I understand that these photographs, negatives, videos, and names will be used at no personal expense or financial gain.

Signature: _____ Date: _____

Emergency Medical Care:

I hereby give permission for the staff of the Lowell Association for the Blind to provide first aid treatment when necessary. In the event of a more serious illness or injury, I give permission to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment if warranted.

Signature: _____ Date: _____

Mentor Release Statement

I, the undersigned, hereby state that if accepted as a mentor, I agree to abide by the rules and regulations of the Lowell Association for the Blind VIP Mentoring Program (the Program), which I acknowledge have been communicated to me, which I understand, and which may be revised without notice to me from time to time. I also agree to abide by all applicable laws. I acknowledge and agree that the Program requires me to attend all scheduled VIP events. Further, I agree to attend all required training sessions and the regular meeting updates. I am willing to commit to one school year in the program and then may be asked to renew for another year, at my option. During all times in which I am participating in the Program, I understand that I will be required to keep in regular contact with my mentee and communicate with staff frequently.

I hereby certify that I have not been convicted, within the past 10 years, of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or a violation involving a state or federally controlled substance. I am not under current indictment.

Further, I hereby fully release, discharge and hold harmless the Lowell Association for the Blind and all of its employees, officers, directors and coordinators from any and all liability, claims, causes of action, costs and expenses arising from, relating to, or which may be, or may at any time hereafter become, attributable to my participation in the Program.

I understand that Program staff reserves the right to terminate any mentor from the Program at any time for any reason. The Program takes place solely within the scheduled sessions, exclusively at the Program location, and I agree to limit my actions to the activities permitted within the confines of the program's policies. I understand that any relationships or contact established between mentor/mentee and family members beyond the organized and supervised activities of the Program are neither encouraged nor condoned. I give permission for program staff to conduct a criminal background check and verify any and all information provided by me on this Program application, as part of the screening for entrance into the Program, including without limitation verification of personal and employment references as well as a criminal check with the local authorities. Program staff has final right of acceptance of applicant into the program at their sole discretion.

I have read the above Mentor Release Statement and agree to the contents. I certify that all statements in this application are true and accurate.

Signature

Date

We will do our best to match you with a mentee who has similar interests and who we think will be a good match for you. LAB will host one VIP event per month and you and your mentee should be in touch via phone or e-mail at least 1-2 times per month. Matches are permitted to make plans together outside of program time once they have been together for 3 months. Program schedules are mailed and/or e-mailed monthly. It is your responsibility to register yourself for programs. In the event that you cannot attend, it is courteous to notify your mentee. In order to gain the most from the program, you need to make an effort just like the mentee.