



Everybody Wins! Vermont
 Power Lunch Reading Mentor
 Application 2006-2007

PERSONAL INFORMATION

Please type or print clearly.

| | | |
|--|---|---|
| Name: | Location/School you are interested in: | Date: |
| Address: | City: State: | Zip: |
| Daytime phone: Best time to reach you: | Evening Phone: Best time to reach you: | Date of Birth: |
| Present Occupation: | Present Employer: | Supervisor's Name: |
| Employer's Address: | City: Zip: | Phone: |
| Your personal e-mail: Your work e-mail: | How did you hear about the program? | <input type="checkbox"/> My employer is a designated EW! supporter/sponsor. <input type="checkbox"/> I am a community member volunteering on my own personal time. |

EDUCATION, SKILLS and INTERESTS _____

Do you speak any languages other than English? If so, please list those languages.

Number of high school years completed:

Number of college years completed:

College major:

Other education:

Are you involved in AARP __ yes __ no? Are you involved in other groups, clubs or organizations? If so, please list those here:

What are your current hobbies and interests? Please list some here:

EMPLOYMENT REFERENCE

Please list one person you have been employed with or for. Please give complete address. If you do not have employment experience, please provide an additional personal reference.

1. Name _____
Email: _____ Telephone Day _____ Evening _____
Street Address _____
City: _____ State: _____ Zip: _____

PERSONAL REFERENCES

Please list six people you have known at least one year who can judge your qualifications for this position. These can be personal or employment or volunteer position references. Please give complete addresses. **PLEASE DO NOT LIST MORE THAN ONE RELATIVE OR FAMILY MEMBER!**

1. Name _____ Relationship _____
Address _____ City _____ ZIP _____
Email: _____ Telephone Day _____ Evening _____
2. Name _____ Relationship _____
Address _____ City _____ ZIP _____
Email: _____ Telephone Day _____ Evening _____
3. Name _____ Relationship _____
Address _____ City _____ ZIP _____
Email: _____ Telephone Day _____ Evening _____
4. Name _____ Relationship _____
Address _____ City _____ ZIP _____
Email: _____ Telephone Day _____ Evening _____
5. Name _____ Relationship _____
Address _____ City _____ ZIP _____
Email: _____ Telephone Day _____ Evening _____

CONFIDENTIAL

Everybody Wins! requires the following information from all volunteers working with children. Thank you for your help providing safest environment possible for our youth.

- A. Do you use *illegal drugs*? YES/ NO
- B. Are there any pending criminal charges against you? YES/ NO
- C. Have you ever been convicted of a felony offense? YES/ NO
- A conviction may not necessarily disqualify you.
Give offense, date and jurisdiction in space below.
- D. Have you ever been charged with child neglect or abuse? YES/ NO
- E. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with working with young children? YES/ NO

Please explain any "YES" responses. Answering "YES" may not disqualify you.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION:

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Everybody Wins! that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified, if necessary by Everybody Wins! by contacting persons or organizations in this application, or by contracting any person or organization that may have information concerning me. I release and agree to hold harmless from liability any person or organization that provides information. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Everybody Wins! or my termination as a volunteer.

Signature _____ Date: _____

Please mail or fax completed application to the Everybody Wins! Vermont administrative offices (or bring to the Reading Mentor Orientation in the school where you wish to read).

Everybody Wins! Vermont
P.O. Box 34
25 School Street
Montpelier, VT 05601
Phone 802.229.BOOK (2665)
Fax 802.229.1010