Seeking The Right Amendable Path (STRAP), Inc. PO Box 1669 Snellville, Georgia 30078

STRAP Youth Mentoring Program Volunteer Application

Application Date		DOB		
		Marital Status		
Home Address				
E-mail Address				
Home Phone	Cell	Work		
Emergency Contact:				
EDUCATION Highest Level of Education				
Do you speak a foreign langua	nge?, If yes, wha	at language		
EMPLOYMENT Current Employer (if applicab	le):			
Address				
Position/Title				
Length of employment (yrs./r	nos.)			
Can your employer be made a	abreast of your volunteer	service and achieveme	nt? No $?$ Yes?	
VOLUNTEER Position Sought				
How did you learn about us?				
SKILLS & EXPERIENCE Special training, skills, hobbie	S			
Groups, clubs, organizational	memberships			
Please describe your prior vol	unteer experience (includ	e organization names a	and dates of service)	

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What experiences have you had that may prepare you to work as a volunteer in the field of youth intervention/mentoring [description of field, e.g., domestic violence, child abuse prevention, etc.]?	
Why do you want to volunteer? [Or] What do you want to gain from this volunteer experience?	
Are you willing to commit to one year of volunteer services?	
Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.	e
Do you have a driver's license? No? Yes? Do you have car insurance? No? Yes?	
Do you have a car available for transporting others? No? Yes?	

REFERENCES

Please list at least two people who know you well and can attest to your character, skills, and dependability (*No relatives*)

Please read the following carefully before signing this application:

STRAP, INC reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.

Thank you for completing this application form and for your interest in volunteering with us.

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, or age. Disclaimer: It is the policy of the Organization to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.

Agreement and Signature

I hereby authorize STRAP, INC. to verify the above information to establish my suitability as a volunteer and I hereby release them and their company from all liability for any damage for issuing the same. I further authorize the organization to maintain this information in their records and absolve them from liability.

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

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volunteer position and in interviews with STRAP, INC. 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 by STRAP, INC. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with STRAP, INC or my termination as a volunteer.

I understand information I might have access to in performing my volunteer duties for STRAP, INC, are of a confidential nature and any breach of such confidential information will result in immediate dismissal.

By submitting and signing this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may also result in my immediate dismissal.

Signature _	Date	
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