



**Communities In Schools**  
HELPING KIDS STAY IN SCHOOL AND PREPARE FOR LIFE



**Power of One**

Governor's One-on-One Mentoring Program  
P.O. Box 124  
Greenville, North Carolina 27835  
Phone (252) 353-6007 Fax (252) 757-3505

**POWER OF ONE VOLUNTEER APPLICATION**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Family Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Best time and day to call: \_\_\_\_\_

E-mail address: \_\_\_\_\_ or \_\_\_\_\_

Local address: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Please list previous address if you are lived at the local address less than two (2) years:

\_\_\_\_\_

\_\_\_\_\_

How long have you lived in Pitt County? \_\_\_\_\_ Are you employed? \_\_\_\_\_

If yes, please list the name of your employer: \_\_\_\_\_

Your position: \_\_\_\_\_

What hours do you normally work? \_\_\_\_\_ May we call you at work? \_\_\_\_\_

Driving/Legal Information:

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Do you have a car or regular access to one? \_\_\_\_\_

Auto insurance carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Insurance exp. Date: \_\_\_\_\_

How did you hear about Power of One? (you may check more than one)

- |   |   |
|---|---|
| <input type="checkbox"/> Radio advertisement          | <input type="checkbox"/> Fliers/Posters       |
| <input type="checkbox"/> Television commercial        | <input type="checkbox"/> CIS Website          |
| <input type="checkbox"/> VolunteerMatch               | <input type="checkbox"/> Friend               |
| <input type="checkbox"/> Newspaper article            | <input type="checkbox"/> Freshman Orientation |
| <input type="checkbox"/> Newspaper advertisement      | <input type="checkbox"/> Classroom instructor |
| <input type="checkbox"/> Power of One mentor          | <input type="checkbox"/> Brochure             |
| <input type="checkbox"/> Other (please specify) _____ |   |

Why do you want to become a mentor?

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What are your hobbies, skills, special talents, interests?

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Please list any experience working with young people (i.e. church, scouts.) Include dates:

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List any other volunteer experiences:

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Please list clubs, professional organizations, church or temple affiliations, etc. (indicate offices held and year). \_\_\_\_\_

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What is the highest level of education you have received? Please list schools, majors, degrees, etc.

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Please check any of the following that you feel may prevent you from fulfilling the required time commitment of two (2) hours per week for the period of one (1) year.

- |                                     |   |                                       |
|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> employment | <input type="checkbox"/> extended trips out of the area | <input type="checkbox"/> life changes |
| <input type="checkbox"/> school     | <input type="checkbox"/> other (please specify) _____   |                                       |

Do you use any illegal drugs? \_\_\_\_\_

Have you had a history of excessive drug use (over the counter, prescription, and/or alcohol)?

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Have you ever been in treatment (i.e. abuse, alcohol, drugs, emotional problems, etc.)?

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If so, when and what were the results?

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Have you ever been convicted of a misdemeanor or felony, including traffic offenses (i.e. speeding, DUI, revoked license, etc.). \_\_\_\_\_ If yes, state the offense and date of conviction:

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Please list whom we should contact in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

List four (4) references (**of no family relation**) who have known you for **at least** one (1) year. **One must be an employer** (either past or present). Include all area codes for phone numbers, **complete** mailing addresses (including street numbers and zip codes), and email addresses.

1. Name

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Address

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city state zip  
Email Address: \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Address

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city state zip  
Email Address: \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

3. Name

\_\_\_\_\_

Address

\_\_\_\_\_

city state zip

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

4. Name

\_\_\_\_\_

Address

\_\_\_\_\_

city state zip

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

I certify that all information on this application is true. I understand that any false statements or information withheld, on my part, will be reason to disqualify me from serving as a volunteer. I give my permission to the Coordinator of the program to contact the references I have listed. I also understand that there will be a criminal background check done, to protect the program and the children. I also authorize the Coordinator to inquire about my qualifications from other people or organizations deemed appropriate. I understand, and agree, that in the event that one of these references, provided by me above, recommends against my being matched with a child in the program, a match cannot be made.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_