



Everybody Wins! Vermont Power Lunch Reading Mentor Application 2009-10

Thank you for your interest in becoming an EW! VT mentor. EW! VT is responsible for screening all mentors who enter the school through our reading programs. Please fill-out the following four pages in their entirety. We strive to complete the approval process within three weeks. If you have questions regarding this process please contact UVBEP at 603-643-3431 x2902.

PERSONAL INFORMATION

Please type or print clearly.

Name:	Location/School you are interested in:	Date:
Address:	City: State:	ZIP:
Gender:	Ethnicity: ___ I choose not to answer.	Date of Birth:
Daytime phone: Best time to reach you:	Evening Phone: Best time to reach you:	How did you hear about the program?
Present Occupation:	Present Employer:	Supervisor's Name:
Employer's Address:	City: ZIP:	Phone:
Your personal e-mail: Your work e-mail:	Please check here if you do not wish to receive occasional updates via e-mail	___ My employer is a designated EW! supporter/sponsor. ___ I am a community member volunteering on my own personal time.
Please list any state(s) other than Vermont of which you have been a legal resident:		
Please list any additional names that you have used:		

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 other groups, clubs, or organizations? If so, please list here:

Are you involved in AARP:

What are you 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: _____ Relationship _____
 Email: _____ Tele # Day: _____
 Mailing Address: _____ Tele # Eve: _____
 City: _____ State: _____ Zip: _____

PERSONAL REFERENCES

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

1. Name: _____ Relationship _____
 Email: _____ Tele # Day: _____
 Mailing Address: _____ Tele # Eve: _____
 City: _____ State: _____ Zip: _____
2. Name: _____ Relationship _____
 Email: _____ Tele # Day: _____
 Mailing Address: _____ Tele # Eve: _____
 City: _____ State: _____ Zip: _____
3. Name: _____ Relationship _____
 Email: _____ Tele # Day: _____
 Mailing Address: _____ Tele # Eve: _____
 City: _____ State: _____ Zip: _____
4. Name: _____ Relationship _____
 Email: _____ Tele # Day: _____
 Mailing Address: _____ Tele # Eve: _____
 City: _____ State: _____ Zip: _____
5. Name: _____ Relationship _____
 Email: _____ Tele # Day: _____
 Mailing Address: _____ Tele # Eve: _____
 City: _____ State: _____ Zip: _____

CONFIDENTIAL

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

- | | | | |
|----|---|------------|-----------|
| A. | Do you use <i>illegal drugs</i> ? | <i>YES</i> | <i>NO</i> |
| B. | Are there any pending criminal charges against you? | <i>YES</i> | <i>NO</i> |
| C. | Have you ever been convicted of a felony offense?
<i>A conviction may not necessarily disqualify you.</i>
List offense, date, and jurisdiction in space below: | <i>YES</i> | <i>NO</i> |
| D. | Have you ever been charged with child neglect or abuse?
*Please complete the attached child abuse registry form | <i>YES</i> | <i>NO</i> |
| E. | Other than 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? | <i>YES</i> | <i>NO</i> |
| F. | 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! Vermont, 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! Vermont by contacting persons or organizations in this application, or by contacting 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 also understand that Everybody Wins! Vermont will check for my records on the national sex offender registry, the Vermont child abuse and neglect registry, and the Vermont criminal conviction search. 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 either give your completed application directly to your School Coordinator, or mail or fax your completed application to the Upper Valley Business and Education Partnership.

UVBEP

P.O. Box 350

Hanover, NH 03755

Phone: (603) 643-3431 x2902 Fax: (866) 851-3871

EW! VT Mission Statement:

By creating mentoring relationships that foster a love of reading and language, Everybody Wins! Vermont increases children's prospects for success and engages a diverse range of volunteers in their community schools.

Please complete Sections II and III on the attached Request for Information Form (on page 4) from VCANR and return it with the rest of your completed application.

REQUEST FOR INFORMATION FROM THE VERMONT CHILD ABUSE & NEGLECT REGISTRY

Instructions:

All sections must be completed and signed by both parties. Please print clearly.

Section I: Employer Requesting a Child Abuse/Neglect Registry Check.

Employer's Name: Everybody Wins! Vermont

Employer's Mailing Address: 25 School Street, P.O. Box 34, Montpelier, VT 05601

Employer's Area Code & Phone Number: (802) 229-2665

Employer's Fax Number: (802) 229-1010 Email Address: info@everybodywinsvermont.org

Section II: Employee, Volunteer, Grantee, or Contractor.

Full Name & Middle Initial _____

Gender _____ Social Security Number _____ - _____ - _____

Date of Birth _____ Place of Birth _____

Other Names used, including Maiden Names (If none, please write "None")

Current Mailing Address _____

Job Duties: Reading and playing literacy based games one-on-one with an elementary school student for an hour a week during lunch or breakfast throughout the school year. The reading mentor encourages a love of reading in the student. Talks, listens and provides consistent attention during each meeting.

Section III: Authorization of Employee, Volunteer, Grantee, or Contractor.

I hereby authorize the Department for Children and Families to disclose whether I have a Child Abuse and Neglect Registry record to the above-named employer and, if so, the details of that record.

Signature

Date