



Everybody Wins! Vermont Reading Mentor Application 2010-2011

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.
<p>Please list any state(s) other than Vermont of which you have been a legal resident:</p> <p>Please list any additional names that you have used:</p>		

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 *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?
A conviction may not necessarily disqualify you.
List offense, date, and jurisdiction in space below: YES NO
- D. Have you ever been charged with child neglect or abuse?
*Please complete the attached child abuse registry form YES NO
- 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? YES NO
- 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 office.

UVBEP
P.O. Box 350
Hanover, NH 03755
Phone: (603) 643-3431x2902 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 Section II on this Consent for Release of Information Form (below) from the Child Protection Registry and return it with the rest of your completed application.

Vermont Agency of Human Services
Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306
Child Protection Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

CONSENT FOR RELEASE OF INFORMATION

PLEASE PRINT OR TYPE. THIS FORM WILL BE RETURNED IF ALTERED OR STAPLED.

If requesting information from both registries, please fill out one form and submit copies to each division

- [] I hereby request the Commissioner of the Department of Disabilities, Aging and Independent Living to release to me any information in the Adult Abuse Registry pursuant to 33 V.S.A 6911(C)(3) involving the individual listed below in Section II.
- [X] I hereby request information from the Child Protection Registry maintained by the Department for Children and Families.

Section I. Employer Requesting Registry Check

Employer name: Everybody Wins! Vermont

Employer address: PO Box 34, Montpelier, VT 05602

Employer telephone number: (802) 229-2665 Employer fax number: (802) 229-1010

Employer email address: info@ewvt.org

I certify that this individual is a current employee, contractor or volunteer of this facility/agency or has been given a conditional offer of employment. I understand this information is only for the purposes of determining whether to hire or retain the individual to provide care, custody, treatment, transportation, or supervision of children or vulnerable adults.

(Authorized) Facility/Agency Signature **Date**

Note: if you are a regulated childcare provider in Vermont, this process does not apply to you.

Section II. Consent From Current or Prospective Employee, Contractor, or Volunteer

Full Name: _____ Gender: _____
(Type or Print Clearly)

Address (including City, State, Zip Code): _____

Phone number: _____ Birth Date: _____ Place of Birth: _____

Last four digits of social security number: XXX-XX-

Other names I have used, if any (including maiden name): _____
(Type or Print Clearly)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the **Vermont Adult Abuse Registry** and/or the **Vermont Child Protection Registry** to the Owner/Operator of the above named facility/agency.

(Prospective) Staff, Contractor, or Volunteer Signature **Date**

Section III. Response from the Agency of Human Services (Office Use Only)

Vermont Adult Abuse Registry Vermont

Employee's name **not found** in registry ____ initials

Employee's name **found** in registry ____ initials

Nature of any finding: _____

Date of such finding: _____

Child Protection Registry

Employee's name not found in registry ____ initials

Employee's name found in registry ____ initials

Signature of Commissioner's Designee **Date**