



Seneca Mentoring Youth Links
201 S. Washington St. Tiffin, Ohio 44883
Phone: 419-443-0981 Fax: 419-443-1192

Volunteer Application

It is SMYL policy that each prospective volunteer will be evaluated by an agency professional to determine eligibility for program services. SMYL shall not discriminate on the basis of age, race, ethnic background, gender, sexual preference, religion, or handicap in the delivery of service. SMYL services are based on need. All information is confidential.

PERSONAL

Name: _____ Nickname: _____
Address: _____ City: _____ Zip: _____
Date of birth: _____ Name of Spouse/Parent: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____
Others living in the home and ages:

Place of Employment: _____ Position: _____
Employment Address: _____
Work Schedule: _____

EDUCATION

1.) School: _____ Address: _____
Years Attended: _____ Diploma or Degree received: _____

Volunteer Experience- Please list each volunteer service and include any contact with children

Please explain why you want to volunteer to be a mentor with **SMYL**?

REFERENCES- Please list three references (excluding family) who have known you at least 2 years.

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

I understand by completing this application I have taken the first step in becoming a mentor for Seneca Mentoring Youth Links. I am under no obligation to serve as a volunteer, nor is Seneca Mentoring Youth Links obligated to assign a volunteer position to me. I also understand Seneca Mentoring Youth Links will obtain additional information to further assess my suitability for being a volunteer.

APPLICANT'S SIGNATURE: _____ DATE: _____