

WOMEN'S FRIENDSHIP INC.



"Where every heart beats to the same rhythm"

Application

Member

Tutor

Mentor

Today's Date: _____

Section I: Personal

1.	First Name:
2.	Last Name:
3.	Date of Birth:
4.	Street Address:
5.	City:
6.	State:
	Zip:
7.	Email Address:
8.	Primary Phone: Secondary Phone:
9.	Best Time to Contact You:
10.	Hour Available to Volunteer/Mentor/Tutor:
11.	Name of Emergency Contact:
12.	Phone:
13.	Single (S), Married (M), or Widowed (W)

14. Hobbies/Interests
15. Please list your reason(s) for membership/tutor/mentoring?
16. What do you hope to gain from participation as a WFI member/tutor/mentor?
17. Do you have mentoring/tutoring experience with adolescents?
18. If you have mentored or tutored for other Nonprofits in the past please list the organization(s)?

Section II: Professional

Company Name:
Job Title:
Describe what you do:

Section III: References

List two references (Not related to you) that are familiar with your mentoring/tutoring-related skills.
1. Name
Address/City/State/Zip
Phone
Relationship/Years Acquainted
2. Name
Address/City/State/Zip
Phone
Relationship/Years Acquainted

Section IV: Statement of Agreement

- I agree not to consume, use, possess, or be under the influence of any drug or alcohol products while a member/tutor or a volunteer for WFI.**

- I understand that any conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in WFI will result in dismissal.
- I understand that my membership, tutor or mentor assignment with WFI may be terminated at any time.
- The Office of Regulatory Services requires agencies such as WFI to undergo a criminal record check. I authorize WFI to conduct a criminal background check and to contact my references that I have listed. If accepted as a mentor for WFI, I pledge to hold in strict confidence, all personal and official matters which come to my attention. I release, relinquish, and remise WFI and anyone providing information to WFI from any and all causes of action or liabilities which I may have or which arise out of, or as a result of, the reports herein authorized. Furthermore, I understand that my failure to execute this informed consent will result in my not being further considered for volunteerism. In case of any accident or injury, I release, relinquish, and remise WFI from **ANY** liability or other obligation.
- I have **NOT** been convicted and/or placed on probation for any criminal offense.

If you have been convicted and/or placed on probation, please list date and nature of offense:

By signing this application, I acknowledge that all information I have provided is true and correct. I have read and understand all of the above information.

Signature

Thank you for taking the time to fill out this application form and for your interest to participate with Women's Friendship Inc.

Please return your completed application to:

Women's Friendship Inc.
 Attention: LaTisha Jenkins
 P.O. Box 1439
 Pine Lake, GA 30072
 Tel:
 Email:

For Staff Use Only:

Volunteer Orientation Date: _____

Volunteer Start Date _____