

Freedom to Learn Initiative (FLI)

Mentor Volunteer Application

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name and address of employer: _____

Are you a U.S. citizen? Yes No Profession: _____

Phone: Home _____ Cell _____ Work _____

E-MAIL _____

Emergency contact name: _____ Phone: _____

Where did you hear about FLI Program Services and our volunteer opportunities?

Have you been convicted of a felony within the past five years? Yes No If Yes, please explain:

If you have a disability, what accommodations would you need to do this volunteer position?

When are you available to volunteer?

Time of Day: _____ Day(s) of the Week: _____ How often per month? _____

What skills, training or knowledge do you wish to utilize as a volunteer for the FLI Program?

What training, resources or support do you anticipate needing to do this volunteer work?

Please provide two personal or professional references:

Name

Phone Number

Relationship

1. _____

2. _____

I declare that I am offering to volunteer to provide services for civic, charitable, or humanitarian reasons and I am doing so freely and without coercion and director implied from Halifax Community College. I realize that I will not receive nor do I expect compensation for the services I am offering.

I authorize Halifax Community College to contact any organizations or individual that I have listed on my volunteer application and/or resume.

I hereby attest that the above information is true to the best of my knowledge.

Signature

Today's Date