



TEEN-AIDERS ADULT MENTOR APPLICATION AND CONTRACT

Name: _____ Today's Date: _____ Birth Date: _____

Home Address: _____
Street Address City State Postal Zip Code

Home Phone No.: _____ E-mail Address: _____

Employer: _____ Title/Position Held: _____

Work Address: _____
Street Address City State Postal Zip Code

Work Phone No.: _____ E-mail Address: _____

Supervisor's Name: _____ Years at Current Employer: _____

Previous Employer (if less than 3 years at current position): _____

Address: _____ Years at this Employer: _____

Have you applied to be a mentor with Teen-Aiders in the past? Yes ___ No ___
If yes, when? _____

Have you been convicted of, or pleaded guilty or no contest to a crime other than minor traffic violations? (Do not include information about convictions that have been sealed or expunged.)
Yes ___ No ___

If yes, describe in full:

High School Attended: _____ Year of Graduation: _____

College Attended: _____ Degree: _____

Other Education and/or Special Training: _____

Do you speak any languages other than English? _____ If so, which: _____

Please List Your Prior Volunteer Experience

Organization	Date Started/Completed	Activity

References

Please list three (3) references whom you have known for at least one (1) year. **One of these references must be your current supervisor, if applicable. Relatives or family members cannot be used as references.** Please give complete addresses and phone numbers because your references will be contacted by mail or by phone. The information furnished to us by your references will remain strictly confidential.

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Number of Years Known: _____

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Number of Years Known: _____

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Number of Years Known: _____

APPLICANT'S STATEMENT

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations on this application or that any false statements made during the interview process may be considered sufficient cause for rejection of this application or removal from the program, no matter when discovered by Teen-Aiders.

I understand that Teen-Aiders may thoroughly investigate my background, references, employment record, and other matters related to my suitability for the program which may require my former employers or any third party to disclose to Teen-Aiders all reports and other information related to my suitability for employment, personal or otherwise. I also understand that any third party investigation initiated by the Teen-Aiders will be conducted in accordance with the Fair Credit Reporting Act.

I understand that a condition of program involvement may be that I take a drug and alcohol test. I further understand that, should this test indicate the presence of drugs or alcohol in my body, it may result in the rejection of my application or my immediate removal from program. I consent to this testing and request that the results of such test(s) be disclosed to Teen-Aiders.

If I am asked to be an Adult Mentor, I understand that I must abide by all Teen-Aiders rules, policies, and procedures and that I must attend all mandatory training.

Signature of Applicant: _____

Date: _____

Office Use Only:

Training _____

References Check _____

Background Check _____

Mentor Contract _____



TEEN-AIDERS ADULT MENTOR CONTRACT

By initialing each item and signing below, I agree to the following:

I agree to participate in all required training, including periodic training meetings.

I agree to abide by all Teen-Aiders' rules and procedures as provided by Teen-Aiders' staff.

I will complete my commitment to work with the program for at least three (3) activities each year, unless otherwise agreed upon with Teen-Aiders.

I consent to the use of my oral and written statements and the use of my photograph(s) by Teen-Aiders for any non-commercial purpose associated with the program including, but not limited to, newsletters and news media coverage of Teen-Aiders and its programs and fund-raising.*

I consent to Teen-Aiders verifying all information contained herein, and to a background check.

I will NOT take any child into an unsupervised setting.

I will contact the Adult Mentor Session Leader if I will be absent from a scheduled activity and I understand that excessive absence will result in my removal from the program.

I will contact the Adult Mentor Session Leader if I have any problems or concerns with any teens involved in the program.

I have read this application and agree to abide by the commitments made in it. The information I have provided in this application is true to the best of my knowledge.

Signature: _____ Date: _____

* You have the option of not consenting to this particular clause by drawing a line through it and initialing on the side.

NOTICE AND ACKNOWLEDGMENT

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

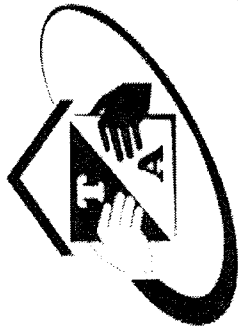
NOTICE REGARDING BACKGROUND INVESTIGATION

TEEN-AIDERS FOUNDATION ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Aurico Reports Inc., 116 W. Eastman St., Suite 101, Arlington Heights, Illinois, 60004, (866) 255-1852 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background



Teen-Aiders 2009 Spring Session Activities

Please initial the dates which you like to volunteer and complete the requested contact information.
 Return completed form via E-mail to admin@teen-aiders.org or Fax to (800) 655-1319

Initial	Dates	Agenda	Location/Times
	7-Feb	Intro to Teen-Aiders. Kick off guest speaker (Cedric Lee). Informational overview on Lake County homeless problem. Assembly of Valentine's Day care packages.	Vernon Hills High School (8 am to 11 am)
	14-Feb	Visit to The PADS Family Center. Delivery of Valentine's Day care packages. Teens lead cookie decorating activity with Family Center children.	Waukegan (9 am to 12 pm)
	21-Feb	Fundraiser planning.	Vernon Hills High School (9 am to 11 am)
	28-Feb	Volunteer activity at A Safe Place. Teens lead arts and crafts activity with A Safe Place children.	Zion (9 am to 12 pm)
	7-Mar	Fundraiser planning.	Vernon Hills High School (9 am to 11 am)
	14-Mar	Visit to Lake County Haven to accept and process donations.	Libertyville (9 am to 12 pm)
	21-Mar	Fundraiser planning.	Vernon Hills High School (9 am to 11 am)
	28-Mar	Break	
	4-Apr	Break	
	11-Apr	Volunteer Activity for The Staben House	Waukegan (9 am to 12 am)
	18-Apr	Day of fundraiser!	TBD
	25-Apr	Fundraiser wrap-up party and presentation of proceeds at selected charity.	TBD (9 am to 12 pm)

Contact info:

Name: _____
 Phone: _____
 E-mail: _____

What type of volunteer will you be? (Please circle one) Adult Mentor or Teen-Aider (Teen volunteer)