



# Volunteer Application

Application Date \_\_\_\_\_

*We appreciate your interest and intentions to join our S.W.A.G. Mentoring Program. Our screening process is confidential. Please answer the following questions with the understanding this information will be held in confidence. If more space is needed, simply use another sheet of paper or feel free to write on the back of this page.*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Years at current address? \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Male or Female (circle one)

D.O.B. \_\_\_\_\_

*Please answer the following questions. If more space is needed, use another sheet of paper or write on the back of this page.*

How did you learn about the S.W.A.G. Mentoring Program?

List any talents, vocations, preparation, training or other experiences that have equipped you to work with youth in our program.

*We mentor youth and desire to protect them and follow a Safety Policy, as outlined in our Bylaws. Therefore, we ask that you please answer the following questions. We understand that the answers to these questions may be private and deeply personal, and we will protect your privacy in every possible context. It is the position of ECLN that suspicions or allegations of child abuse or neglect will be reported to relevant local and state authorities.*

Why do you want to work with children or minors in our S.W.A.G. Mentoring Program?



Have you experienced any significant physical or emotional stressors within the past year, such as the loss of a parent, spouse, or child, extreme ill health, or any emotional or physical crisis? If so, please briefly explain. (Use back of page if necessary)

Yes \_\_\_\_\_

No \_\_\_\_\_

Have you ever been accused of physically molesting or sexually abusing a child? If yes, please explain.

Yes \_\_\_\_\_

No \_\_\_\_\_

Have you ever received treatment for alcohol or substance abuse? If yes, please explain.

Yes \_\_\_\_\_

No \_\_\_\_\_

Are you willing to be photographed while working with S.W.A.G. mentees and other program participants and have these photos posted on social media or other advertisements?

Yes \_\_\_\_\_

No \_\_\_\_\_

**List other cities, states and dates of residency during the past 10 years.**

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City	State	From mo./year to mo./year
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City	State	From mo./year to mo./year
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City	State	From mo./year to mo./year
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**Personal References**

*Provide one professional (if applicable), one personal, and one adult family member reference. Please inform these references that an authorized ECLN staff person will contact them.*

Name (professional) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship \_\_\_\_\_ Years you have known this person \_\_\_\_\_

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Name (personal) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship \_\_\_\_\_ Years you have known this person \_\_\_\_\_

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Name (family member) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship \_\_\_\_\_ Years you have known this person \_\_\_\_\_

**Employment or Volunteer History**

*Provide employment or volunteer information for the past five years starting with your current position. If more space is needed, use another sheet of paper.*

Current Employer \_\_\_\_\_

Current Job Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Primary Responsibilities \_\_\_\_\_

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Job Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_



Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Primary Responsibilities \_\_\_\_\_

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Job Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Primary Responsibilities \_\_\_\_\_

**Volunteer Preferences** (This list includes only a few opportunities. Additional opportunities may be shared during your interview)

What is your preference for volunteering? *Circle all that apply.*

- **Weekly S.W.A.G. sessions** (1½ hours on Wednesdays based on your availability to serve as mentor to S.W.A.G. Members and assist with presenting lessons.
- **S.W.A.G. Support** ( field trip chaperone, Back to School Night/Open House, assist with transportation needs for field trips such as weekly rental vehicle, provide snacks for weekly session, S.W.A.G. presentation)
- **Fundraising** (Assist with preparation or execution of events, advertise/promote events)
- **Grant Assistance** (Seek grant opportunities, write and apply, and follow-up on grants )
- **Marketing** (Promote ECLN/S.W.A.G. on social media, Like us on Facebook and make regular posts, post upcoming events on Facebook, Instagram and others, share with friends and relatives about the organization)
- **Information Technology** (Assist with website design and content, design or maintain)
- **Legacy Maker** (Board service, Board committee, strategic planning)
- **Mentor Support** (Attend and support Wednesday S.W.A.G. sessions, assist with transportation needs for field trips such as rental vehicle, provide snacks for weekly session)

Approximately how much time do you have available each month to volunteer?

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## RELEASE

I authorize ECLN to contact all individuals, organizations and references listed on this **Safety Application Form** in order to verify the information I have provided. I agree to release from liability any person or organization providing information related to me, including those persons I have listed as references, as well as contact persons from my previous volunteer work or employment with children.

I specifically authorize ECLN to undertake a criminal background check concerning my past.

I understand and agree that any information received from the background check and application verification will not be disclosed to me except as required by law, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all respects.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_