



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

VOLUNTEER APPLICATION FORM

Personal Information (please print)

Full Legal Name (First MI Last: _____)

Address: _____

City: _____ State: _____ Zip: _____ Township: _____

Hm. # _____ Wk. # _____ Cell # _____

Email Address: _____

Date of Birth (Required for background check) _____ Gender: Male Female

Are you 18 years of age or older? Yes ___ No ___

If under 18, Parent/Guardian Name(s): _____ Ph# _____

If 18 or under, are you currently a student? YES NO Circle one: Middle School High School College

Volunteer Interests (circle all the apply):

Summer Camp	Coaching	Y Mentors	Swimming	Youth Sports
Ref/Umpire	Fund Raising	Maintenance	Office Work	Committee
Board Member	Other: _____			

List your volunteer experience, special skills, and training courses: _____

I hereby authorize the YMCA of Barry County to investigate any and all statements contained in this application for volunteer service. In addition, I specifically authorize the listed prior employers, supervisors, and personal references to furnish all pertinent information they may have, regarding my previous performance and personal character to the YMCA of Barry County. I hereby release all parties from any liability for damages that may result from furnishing such information to the YMCA of Barry County.

I understand that the YMCA of Barry County will obtain a background Criminal Record Check. Any employment/ service offer is conditional until such time as the results of my background check are complete and approved by the Executive Director. I hereby give the YMCA of Barry County permission to obtain a background check of my record.

I understand and agree that if my service as a volunteer is accepted, there is no contract period for volunteer service and my volunteer service would be solely "at will," giving either me or the YMCA the right to terminate my volunteer service at any time without liability or obligation.

I give the YMCA of Barry County to use photos, video, or other media record of applicant.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if selected, falsified statements on this application shall be grounds for dismissal.

Applicant Signature: _____ Date: _____

Signature of Parent/Guardian (if under 18) _____ Date: _____



Y Mentors Mentor Questionnaire

Name: _____

Contact phone: _____ Email: _____

Please answer the following questions as openly and honestly as possible. The Y will utilize this information to make the best possible match in the mentor/mentee relationship.

What do you hope to gain by becoming a Y Mentor? _____

Who has been a role model or mentor to you in your life? In what ways? _____

Please circle all activities you are interest in/enjoy:

Biking	Camping	Science	Cooking	Library	Sewing	Hiking	Art
Boating	Music	Sports	Yoga	Church	Golf	Swimming	Drawing
Movies	Fishing	Animals	Reading	Shopping	Gardening	Board Games	

List any other areas of special interest: _____

For the questions below, circle your answer. Note: High School Mentors will be matched with youth K-5th grade, and, most likely, youth of the same gender as the mentor.

I prefer to work with a: BOY GIRL

I prefer to work with grades: K-1 2-3 4-5 6-8 High School

I would be able to handle a Mentee with special needs (cognitive, physical, behavioral, etc.): YES NO

Please list person(s), cultures, religions or backgrounds you would NOT feel comfortable being matched with, if any: _____

Who or what do you think is the most important influence in a child's life? _____

What are the major responsibilities in your life right now? _____

What words would you use to describe yourself? _____

What kinds of life changes have you experienced, including losses, relationship changes, family and friendship changes, or health, education, or self-awareness changes? _____



How do you think you can utilize the above life experiences to mentor? _____

What are your future plans and/or dreams? _____

Please answer YES or NO:

_____ Are you able to be assertive and really work to engage your mentee?

_____ Do you feel comfortable interacting with others one-on-one?

_____ Are you able to work with persons who come from backgrounds very different from yours or whose lifestyles you don't agree with?

_____ Are you willing to attend all pre-mentoring trainings?

_____ Are you willing to attend ongoing in-service trainings?

_____ Are you willing to communicate with and meet with the Y Mentors program director?

_____ Are you willing to follow through with commitments made to your Mentee?

Anything you else you would like to share? _____

Thank you for taking time to answer these questions.

Signature: _____ Date: _____

Please return to:

Allison Hinton
Y Mentors
PO Box 252
Hastings, MI 49058
allisonhinton@ymcaofbarrycounty.org



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FOR SOCIAL RESPONSIBILITY

Y Mentors Reference Form #1

Name of applicant: _____ How long have you known applicant? _____

Your name: _____ Relationship to applicant: _____

Your title & place of employment: _____

Contact phone: _____ Email: _____

The above-named person is applying to serve as a Volunteer Mentor with the YMCA "Y Mentors" program (formerly Big Brothers Big Sisters). The applicant will be matched with a youth Mentee, meeting with the Mentee 3-4 times per month during the school year, at the child's school. (High School Mentors will be matched with youth, K-5th grade). Mentors will receive pre-mentoring training, ongoing in-service training and have monthly contact with Y Mentors program director.

Do you recommend the above-named person to serve as a Y Mentor? YES NO

Please explain why or why not? _____

Please describe the applicant in terms of personal values and life stability: _____

Anything else you would like to share? _____

Signature: _____ Date: _____

Please return to Applicant OR directly to program director via USPS or scanned email.

Allison Hinton
Y Mentors
PO Box 252
Hastings, MI 49058
allisonhinton@ymcaofbarrycounty.org

Return To: Allison Hinton, YMCA of Barry County, PO Box 252, 2055 Iroquois Trail, Hastings, MI 49058
Allison@ymcaofbarrycounty.org – ph: 269-945-4574 – www.YMCAofBarryCounty.org



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Y Mentors Reference Form #2

Name of applicant: _____ How long have you known applicant? _____

Your name: _____ Relationship to applicant: _____

Your title & place of employment: _____

Contact phone: _____ Email: _____

The above-named person is applying to serve as a Volunteer Mentor with the YMCA "Y Mentors" program (formerly Big Brothers Big Sisters). The applicant will be matched with a youth Mentee, meeting with the Mentee 3-4 times per month during the school year, at the child's school. (High School Mentors will be matched with youth, K-5th grade). Mentors will receive pre-mentoring training, ongoing in-service training and have monthly contact with Y Mentors program director.

Do you recommend the above-named person to serve as a Y Mentor? YES NO

Please explain why or why not? _____

Please describe the applicant in terms of personal values and life stability: _____

Anything else you would like to share? _____

Signature: _____ Date: _____

Please return to Applicant OR directly to program director via USPS or scanned email.

Allison Hinton
Y Mentors
PO Box 252
Hastings, MI 49058
allisonhinton@ymcaofbarrycounty.org

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Y Mentors Reference Form #3

Name of applicant: _____ How long have you known applicant? _____

Your name: _____ Relationship to applicant: _____

Your title & place of employment: _____

Contact phone: _____ Email: _____

The above-named person is applying to serve as a Volunteer Mentor with the YMCA “Y Mentors” program (formerly Big Brothers Big Sisters). The applicant will be matched with a youth Mentee, meeting with the Mentee 3-4 times per month during the school year, at the child’s school. (High School Mentors will be matched with youth, K-5th grade). Mentors will receive pre-mentoring training, ongoing in-service training and have monthly contact with Y Mentors program director.

Do you recommend the above-named person to serve as a Y Mentor? YES NO

Please explain why or why not? _____

Please describe the applicant in terms of personal values and life stability: _____

Anything else you would like to share? _____

Signature: _____ Date: _____

Please return to Applicant OR directly to program director via USPS or scanned email.

Allison Hinton
Y Mentors
PO Box 252
Hastings, MI 49058
allisonhinton@ymcaofbarrycounty.org

FOR MENTORS IN HIGH SCHOOL

Return To: Allison Hinton, YMCA of Barry County, PO Box 252, 2055 Iroquois Trail, Hastings, MI 49058
Allison@ymcaofbarrycounty.org – ph: 269-945-4574 – www.YMCAofBarryCounty.org



Y Mentors
Parent Release for High School Age Mentors

I give permission for my child, _____, to volunteer to be a Y Mentor through the YMCA of Barry County's Y Mentors program.

By signing this waiver, I understand:

1. The minimum participation is for 1 year, August – July.
2. During this time, my child will be serving as a mentor to an elementary student within the same school district as my child.
3. Involvement in this program will be under the guidance of the YMCA program personnel.
4. My child will be interviewed by the YMCA to screen and best match them to an elementary student.
5. My child is responsible for transportation to and from the mentoring site.
6. My child is NOT allowed to transport, babysit, arrange to personally meet his/her mentee in a one on one setting outside of mentoring sessions.
7. A background check will be performed on the local, state and federal level.
8. By signing this form, I acknowledge that my child has not been accused of, charged with, or convicted of any juvenile offenses including, but not limited to, injury to or misconduct with other children. My child is not currently on probation.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Email: _____ Phone: _____