



FAIRFAX 4 FAMILIES KIDS

Mentor/Volunteer Application

Please complete and return this application to Fairfax Families4Kids Program Coordinator, Jernita Smith, by fax (703-653-1375) or e-mail (jernita.smith@fairfaxcounty.gov). If you have additional questions, you may contact Jernita at 703-324-7518, TTY 711.

General Information *(please print legibly)*

Date: _____ Date of Birth: _____

Name: _____
Last First Middle

Address: _____
Street

City State Zip

Home phone number: _____ Work phone number: _____

Cell phone number: _____ E-mail Address: _____

How did you hear about Fairfax Families4Kids? _____

Educational History

Did you attend college and/or graduate school? _____

Name and location of School: _____ Major: _____

Were you or are you currently a member of the military? _____

Branch of the Military, and duties: _____

Employment

Current employer: _____

Address: _____

Street

City

State

Zip

Work phone: _____ Job title: _____

Special Interests

Please list any special interests or hobbies you would like to share with your mentee.

Background information

Have you ever been convicted of a crime? **Yes** _____ **No** _____

Have you ever had a complaint filed against you with the Department of Social Services (Child or Adult Protective Services)? **Yes** _____ **No** _____

Have you ever been required by any licensing board or professional ethics body to surrender your license or have you ever been found guilty of a violation of professional ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence, in any state or county?

Yes _____ **No** _____

References

Give the name of two persons, not related to you, who can provide a reference.

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____

Emergency Contact

Name of contact: _____ Relationship: _____

Home Phone number: _____ Cell number: _____

Mentoring Only Information

Are you able to meet with a youth twice a month for at least two years? Yes _____ No _____

What age group would you prefer to mentor? _____

What gender would you prefer to mentor? _____

Do you have a current driver's license*? Yes _____ No _____

**You will be asked to complete a DMV record check form. You must have less than 5 points on your driving record in Order to transport a youth in your vehicle.*

Applicant's Certification and Agreement *(please read carefully before signing)*

In consideration of being a volunteer mentor for Fairfax Families4Kids, I understand and agree that:

- I understand that receipt of this application does not imply any guarantee of becoming a mentor.
- If I misrepresent or omit any information on this application, I may be refused a mentoring opportunity.
- I agree to comply with all the rules, regulations and policies of the Fairfax Families4Kids mentoring program.

I have read and agree to the above and hereby certify that the facts I have provided in my volunteer mentor application are true and complete.

Signature _____

Date _____

For more information, contact
Jernita Smith, Program Coordinator, 703-324-7518; Fax: 703-653-1375
jernita.smith@fairfaxcounty.gov



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Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. To request ADA accommodations or for this information in an alternate format, call 703-324-7682; TTY 711.

