



**2017 L.E.A.P. Summer Program Registration Form**  
Learn, Evaluate, Achieve, Play  
P.O. Box 2225 • Midland, MI 48641-2225 • (989) 839-0534

2017 LEAP Volunteer Mentor Application

Full Legal Name: \_\_\_\_\_

[First] [Middle] [Last]

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

[Month/Day/Year]

Address: \_\_\_\_\_

[Street] [City] [State] [Zip]

If less than five years at this location, please provide previous address:

Address: \_\_\_\_\_

[Street] [City] [State] [Zip]

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current employment:

\_\_\_\_\_  
[Employer's Name] [Supervisors Name]

\_\_\_\_\_  
[Address] [Phone]

May we contact your current employer: Yes: No:

Personal References: please list three references that are not relatives.

1. \_\_\_\_\_

[Name] [Address] [Phone]

[E-Mail] [Years known] [Relationship]

2. \_\_\_\_\_

[Name] [Address] [Phone]

[E-Mail] [Years known] [Relationship]

3. \_\_\_\_\_

[Name] [Address] [Phone]

[E-Mail] [Years known] [Relationship]



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Have you been convicted of any felony or misdemeanor? \_\_\_\_\_  
If Yes; Please explain (include: date, county, and circumstances):

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**Educational Background**

High School: \_\_\_\_\_  
[Name] [City, State] [Graduation Year] [Degree]

College: \_\_\_\_\_  
[Name] [City, State] [Graduation Year] [Degree]

Other College: \_\_\_\_\_  
[Name] [City, State] [Graduation Year] [Degree]

Technical School: \_\_\_\_\_  
[Name] [City, State] [Graduation Year] [Degree]

Other Education: \_\_\_\_\_  
[Name] [City, State] [Graduation Year] [Degree]

Initial the three statements below:

\_\_\_\_\_ I understand that I will be required to complete the mentoring orientation and training prior to the LEAP summer program.

\_\_\_\_\_ I understand that the LEAP Summer Program is a residential program, which will require me to stay on campus for 4 nights and 5 days. (1st day training and 4 days of program).

\_\_\_\_\_ I understand that the LEAP mentor program involves a monthly follow-up events.  
Circle one: I will be a priority to attend/ I will try to attend if I have time/ I will not attend.

**Special Accommodations:**

Please indicate if you have any special accommodations for activity, housing, or dietary needs.

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Please list any medical conditions or allergies we should be aware of.

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Are you currently taking any medications? \_\_\_\_\_ please be aware that all medications should be documented and when possible secured by the program nurse.

Notify in case of emergency:

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[Name] [Relationship] [Phone]

Please provide the following documentation with your application:

- Central Clearance from DHS (see attachment)
- Current Resume
- Transcripts
- 3 Letters of recommendations

The safety of the young people we serve is a primary concern.

All mentor candidates will be subject to a criminal background check.

I certify that the information supplied above is correct and accurate to the best of my knowledge. I also give permission to contact references and complete a criminal background check.

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[Print Name]

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[Signature] [Date]

\*\*\*Please Return to LEAP Summer Program PO Box 2225 Midland MI 48641-2225\*\*\*  
or drop off in person to 4008 W Wackerly St. Midland MI 48640

Adoption Option Inc. LEAP Summer Program Coordinator Melody Graves  
(989) 839-0534