



2018 L.E.A.P. Summer Program Registration Form
Learn, Evaluate, Achieve, Play
P.O. Box 2225 • Midland, MI 48641 • (989) 839-0534 •
LEAP@aoicw.org

2018 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):

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.

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:

[Name] [Relationship] [Phone]

Please provide the following documentation with your application:

- Central Clearance from DHS (see second document)
- 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.

[Print Name]

[Signature] [Date]

Please Return to LEAP Summer Program

Email: LEAP@aoicw.org

Drop off in Person: 4008 W Wackerly St. Midland MI 48640

By Mail: PO Box 2225 Midland MI 48641-2225

By Fax: 989-839-0537

For Questions Please Call:

Sheila Van-Wert

Youth & Mentor Specialist

(517) 480-4641

Submit by Email