



**Address:** 4008 W Wackerly St  
PO Box 2225  
Midland MI 48641-2225  
**Phone:** (989) 839-0534  
**Fax:** (989) 839-0537  
**E-Mail:** leap@aicw.org

## 2019 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:

**Please return all forms to Human Resources:**

via email, send to [PKent@aicw.org](mailto:PKent@aicw.org) or

via US Postal service to Pam Kent, Adoption Option Inc, P.O. Box 2225, Midland, MI 48641-2225

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

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[Name] [Address] [Phone]

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

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[Name] [Address] [Phone]

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

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[Name] [Address] [Phone]

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

Have you been convicted of any felony or misdemeanor?

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If Yes; Please explain (include: date, county, and circumstances):

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**Educational Background**

High School:

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[Name] [City, State] [Graduation Year] [Degree]

College:

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[Name] [City, State] [Graduation Year] [Degree]

Other College:

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[Name] [City, State] [Graduation Year] [Degree]

Technical School:

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[Name] [City, State] [Graduation Year] [Degree]

Other Education:

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[Name] [City, State] [Graduation Year] [Degree]

**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.

First person to notify in case of emergency:

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[Name] [Relationship] [Phone]

Please provide the following documentation with your application.

- Central Registry Clearance *(see attachment)*
- Local Criminal Background Check *(see attachment)*
- Volunteer Emergency Contacts *(see attachment)*
- Mentor Interest Survey *(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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**[Sign]**

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**[Date]**

	<p><b>Please Return to PAM KENT -- HUMAN RESOURCES Adoption Option Inc 4008 W. Wackerly P.O. Box 2225 Midland, MI 48641-2225</b></p>	
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