

STAMP
Stamford Mentoring Partnership
MENTOR APPLICATION

Print Name

Signature of Mentor Applicant

Email Address

Mail the completed document to:

Michelle Lappas
Stamford Youth Services Bureau
888 Washington Blvd. 10th Floor
Stamford, CT 06901
Phone: (203) 977-0830
Fax: (203) 977-5515
Email: mlappas@ci.stamford.ct.us

STAMP Mentoring Partnership

Personal Information

Date _____ Name of Applicant _____

Birth Date ----- SS # -----

Address -----

City ----- State ----- ZIP -----

Home Telephone ----- Home Email (optional) -----

Occupation ----- Employer Name -----

Employer Address -----

City ----- State ----- Zip -----

Work Telephone ----- Fax ----- Work E-mail -----

Gender: Male Female

Are you: Married Single Divorced Widowed

Do you have children? Yes No

Do you have use of a car? Yes No

Do you have a valid driver's license? Yes No License Number -----

Have you ever been convicted of a crime? Yes No If yes, type of offense: -----

Date of offense: ----- Describe offense. -----

What is your level of education? High School College Graduate Professional

Do you speak any foreign languages? Yes ----- No

Are you willing to make a commitment to spend at least one year with a child on a regular scheduled basis?
Yes No

I understand that background checks will be conducted by the City of Stamford, the Department of Children & Families and the Boys & Girls Club of America. Yes No

Your Signature: -----

Mentor Interests

Preferred Day to Mentor (Mon – Fri) Choice #1 ----- Choice #2 -----

Best Time of Day to mentor: 3:00pm 4:00pm 5:00pm
(Mentoring typically occurs between the hours of 3:00 p.m. and 6:00 p.m. for one hour).

Do you have a preference as to the age and gender of your Mentee? Circle as many as apply.

Ages: 6-8 9-10 11-12 13-14 15-16 Male Female No Preference

Would you be comfortable with a physically challenged child? Yes No

Write a brief statement on why you wish to be a mentor in the STAMP Mentoring Program:

Describe special interests and hobbies, which may be helpful in matching you with a mentee (e.g. cooking, crafts, career interests, chess, stamp collecting, sports, outdoor activities, computers, art, needlepoint, speak another language, music, and painting):

Background Information

List the addresses where you have lived for the last five years (begin with the most recent after the current one):

DATES ----- Address -----

City ----- State ----- Zip -----

DATES----- Address -----

City ----- State ----- Zip -----

DATES----- Address -----

City ----- State ----- Zip -----

Please provide two personal references (other than family members):

1. Name ----- Phone -----

Relationship ----- Address -----

City ----- State ----- Zip -----

2. Name ----- Phone -----

Relationship ----- Address -----

City ----- State ----- Zip -----

List the last three places of employment with the most recent first:

1. Company ----- Address -----

City ----- State ----- Zip -----

Dates of Employment ----- Title -----

2. Company ----- Address -----

City ----- State ----- Zip -----

Dates of Employment ----- Title -----

3. Company ----- Address -----

Dates of Employment ----- Title -----

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize the **Boys & Girls Club of Stamford, Inc.** and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment/ volunteering now, and, if applicable, during the tenure of my employment/ volunteering with the Boys and Girls Club of Stamford, Inc.

I release the **Boys & Girls Club of Stamford, Inc.** and/or its agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards of the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (printed)

Maiden Name and/or Other Names Used

Present Address How long?

City/State/Zip

Former Address How Long?

City/State/Zip

Date of Birth

____-____-____
Social Security #

Driver's License #

State of License

Signature

Date

NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment/volunteering. The **Boys and Girls Club of Stamford, Inc. is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap, Veteran Status, or National Origin.*

STAMFORD MENTORING PARTNERSHIP

Permission to Conduct DCF Background Check

I, _____, authorize the State of Connecticut's Department of Children and Families (DCF) to release any and all information in their files to the City of Stamford for the purposes of conducting a background check.

I release DCF and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Full Name (printed)

Maiden Name and/or Other Names Used

Present Address How long?

City/State/Zip

Former Address How Long?

City/State/Zip

Date of Birth - - - - -
 Social Security # Driver's License # State of License

Signature Date

AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form. By my signature below, I consent to the release of consumer reports and investigative reports prepared by a consumer reporting agency, such as **Pre-employ.com, Inc.**, to the Company. I understand that if the Company hires me, my consent will apply throughout my employment unless I revoke or cancel it by sending a signed letter to **Compliance Department, P.O. Box 491570, Redding, Ca. 96049 or faxed to 888-999-3839.**

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before, during, or after my employment, if any, may be utilized for the purpose of obtaining consumer reports or investigative consumer reports.

By my signature below, I also authorize the disclosure of information concerning my employment history, earnings history, education, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history, and all other information deemed pertinent by the consumer reporting agency to the agency by the following: past or present employers; learning institution, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; and, motor vehicle records agencies.

For residents of, or for jobs located in California, Minnesota, and Oklahoma only: You will be provided with a free copy of any consumer reports or investigative consumer reports if you check the box below. You may obtain information or copies from the Company's investigative report file at any time prior to your receipt of such copies, to the extent available, by contacting **Compliance Department, P.O. Box 491570, Redding, Ca. 96049 or by toll free fax to 888-999-3839.** **I request a free copy of the report.**

Occasionally, Pre-employ.com and/or its partners send information on identity theft protection, background check information, and other related products or services. I DO ____ or I DO NOT ____ wish to receive this information via email or mail.

Signature: _____ Date: _____

The following information is for identification purposes only. Please print clearly in Black Ink!

Name: Last _____ First _____ Middle _____

List all other names used in the last 7 years: _____

Date of Birth: _____ **Social Security Number:** _____

Drivers License Number: _____ State issued: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Address History – Please list the city, state, and zip you have lived or worked in for the last 7 years with approximate dates:

Dates: _____ City: _____ State: _____ Zip: _____

Dates: _____ City: _____ State: _____ Zip: _____

Dates: _____ City: _____ State: _____ Zip: _____

Daytime phone number: () _____ Email address: _____

*****APPLICANT – DO NOT WRITE BELOW THIS LINE *****

Company ID: 6265 **Company Name:** City of Stamford **PO#** _____

Please indicate the services you would like to request for this applicant.
Fax this sheet to 888-999-3839 or enter the information at <http://www.pre-employ.com>

Basic Services Requested:

Additional Services Requested: Please check box

- | | |
|--|---|
| <input type="checkbox"/> Social Security Trace | <input type="checkbox"/> NCFS |
| <input type="checkbox"/> Criminal History Check | <input type="checkbox"/> Civil History |
| <input type="checkbox"/> Drivers License Check | <input type="checkbox"/> Federal Criminal History |
| <input type="checkbox"/> Employment Verification | <input type="checkbox"/> Federal Civil History |
| <input type="checkbox"/> Degree/Education Verification | <input type="checkbox"/> Sex Offender |
| <input type="checkbox"/> Reference Check | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> OIG/GSA Check | <input type="checkbox"/> Drug Test |
| <input type="checkbox"/> National Wants and Warrants | |
| <input type="checkbox"/> Credit Report | |
| <input type="checkbox"/> Anti Terrorist Watch List | |

