***Joyful Hearts Mentor Application***

Thanks for your interest in the Joyful Hearts Mentor Program! You can apply each year for a spot on The Joyful Hearts Mentor Team. If you are chosen you will serve on the board and receive special invitations throughout the year at various programs and events. There is limited space so please get your application turned in soon.

**\*\*Joyful Hearts will need two letters of recommendation from either your school or church\*\***

**Ideally, a mentor should be able to:**

• Support the organization’s mission, vision, and goals

• Stay accessible, committed, and engaged during the length of the program

• Listen well

• Bring ideas to the meetings

• Be a positive role model

As a part of your commitment to peers with special needs through Joyful hearts, you will be required to host fundraisers and awareness campaigns to rally your schools, church, neighborhood and communities.

These ideas include but not limited to:

* Car wash
* Birthday Blessings (donations in lieu of gifts)
* Prom Attire Drives
* Babysitting
* Toy Drives

Mentors will use these events to raise money for JOYPROM and for other activities and events throughout the year. A competition will be run between each Youth Mentor, the Mentor who raises the most money will be awarded at JOYPROM on stage.

Joyful Hearts is happy to provide letters of recommendation for students applying to college, noting their leadership role in our program.

**Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First M Initial Last

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Street Apt.

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City County State Zip

**Phone:** Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In the event of an emergency, contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List two references: a non-family member (school/church reference)**

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

**Name relationship phone/email**

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

**Name relationship phone/email**

**Have you volunteered at events with people with disabilities? \_\_\_\_\_YES \_\_\_\_\_NO.....If YES, what was your motivation for volunteering?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**What motivated you to want to become a Joyful Hearts Mentor?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**What are your expectations of this experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**How would you define a good role model?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**What school clubs/civic groups are you involved in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**What do you feel a mentor should be expected to do?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**What are your strengths? What are areas you are trying to improve on?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Do you have your own transportation? Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_ or do you rely on someone for transportation? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_**

**How available are you to attend meetings, events and activities?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please read before signing**

I understand the following:

* Some of the information I have provided may be verified, and I give permission to Joyful Hearts to check my references and to make inquiry of others including without limitation my employer concerning my background and suitability to act as a Joyful Hearts volunteer.
* In the course of volunteering for Joyful Hearts, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
* In relationship between Joyful Hearts volunteers is an “at will” arrangement, and that it may be terminated at any time without cause by either the volunteer or Joyful Hearts
* I grant Joyful Hearts permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Joyful Hearts
* I hereby agree to release, discharge ad hold harmless Joyful Hearts, its officers, agents and directors of and from all causes, liabilities, damages, claims or demands on account of any injury or accident arising out of my attendance and participation as a volunteer in Joyful Hearts
* I acknowledge that I am in good physical condition and that I am unaware of any existing medical condition(s) which would prevent me from participating as a volunteer with Joyful Hearts
* I grant permission to Joyful Hearts, its officers, agents and directors to take whatever measures are necessary to provide medical care and treatment that is deemed advisable and to obtain any necessary emergency treatment that is deemed advisable.

I affirm that I have read the above and that the information I have given is true and complete

**Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Initial One:**

Volunteer is at least eighteen (18) years of age and executes this release on his/her own behalf\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer is less than eighteen (18) years of age. The undersigned is the \_\_\_\_\_\_parent \_\_\_\_\_\_legal guardian (initial one) of the volunteer and executes this Release on behalf of the volunteer

**Signature (at Least 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of parent/legal guardian (under 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name of parent/legal guardian (under 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PLEASE SEND THE COMPLETED APPLICATION ALONG WITH TWO LETTERS OF RECCOMENDATION TO speele@joyfulheartsnc.org