

Court Appointed Mentoring Program Application

Name _____ Home phone _____

Address _____ Work phone _____

City _____ State _____ Zip _____

Name and address of employer _____

Why did you choose your career? _____

Length at current employment: _____

Years of education 7 8 9 10 11 12 Post grad (circle one)

High School degree from _____

Post high school degree from _____

Why did you choose your course of study? _____

What hours/days are you available for the Court Appointed Mentor Program?

Hours _____

Days _____

Please list four references: (Please indicate at least one family member, one personal friend and one work reference.)

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Relationship _____ Relationship _____

Name _____ Name _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Relationship _____ Relationship _____

List agencies/companies you have worked for (including current one) and volunteer or salaried positions you have held along with years involved, hours per week and reason for departure:

Clubs or organizations you are presently a member of:

In this application to be a Court Appointed Mentor Program volunteer, I understand that I am not an agent or employee of City Court of Hammond/7th Ward Court. I further understand that this form is not an application for employment; that the program provides no auto insurance coverage for C.A.M.P. volunteers; and, the court will not indemnify said volunteer for any legal liability arising out of transporting any person while on a C.A.M.P. volunteer assignment. I will provide C.A.M.P. the court with proof of auto insurance at all times.

Insurance company _____ Policy number _____

Agent's name _____ Phone _____

Agent's address _____

City _____ State _____ Zip _____

Volunteer's signature _____ Date _____

In making this application to be a Court Appointed Mentor Program volunteer, I understand that criminal and driving record verification of all volunteers will be routinely conducted. This verification will be done if I sign below. If I fail to provide the signature, it may be grounds for rejecting me as a volunteer.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent volunteer forms, shall be grounds for dismissal from the C.A.M.P. Program.

Date _____ Signature _____

Required Information:

Social Security number _____

Driver's license number _____

Birth date _____