

# Court Appointed Mentoring Program Application

Name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ Work phone \_\_\_\_\_

City \_\_\_\_\_ Cell phone \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

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/7<sup>th</sup> 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 \_\_\_\_\_