



Intersection to Care (ITC) Mentor Application

All information contained on this form will be handled in a confidential manner

Last Name: _____ First Name _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer (if applicable): _____

Work Address: _____

Work Phone: _____

1. What have you experienced that could help you in volunteering for the ITC Project? (Past volunteer, personal experience, or education)
2. Why are you interested in volunteering for the ITC mentorship project?
3. Other information that will help us make a good match? (General interests, hobbies, skills, etc.)
4. Languages spoken:
5. How did you learn about this project?
6. How much time are you willing to donate to this project per month?
7. If you are accepted as a mentor, are you able to make a commitment to be a mentor for a minimum of 1 year?

8. When are you available? (Please indicate am or pm)

Mon: _____ Tue: _____ Wed: _____ Thu: _____ Fri: _____ Sat: _____ Sun: _____

No Preference: _____

9. Do you have your own transportation? _____ Valid Driver's License? _____

Do you have automobile liability insurance? _____

10. In case of an emergency, who should ITC contact:

Name: _____

Phone: _____

Relationship: _____

11. Is there anything in your life that we need to be aware of that could affect your volunteer work?

12. Please describe any volunteer work that you have done in the past or are currently doing, including where, what, and when.

I understand that completion of this application does NOT mean that I am accepted as a mentor. I also understand that admission into any related educational class does not create acceptance as a mentor.

If accepted; I agree to abide by all ITC policies, rules, and regulations regarding appropriate behavior and professional conduct. I understand that ITC may make appropriate inquiries with the Kansas Bureau of Investigation and other governmental or law enforcement agencies regarding my history of convictions for crimes involving violence or exploitation of others. I understand that the inclusion of any false or misleading information on the application form will result in my dismissal as a mentor of ITC.

I understand that I will be volunteering at my own risk and that the organization, its employees, and affiliates, cannot assume any responsibility for any liability for any accident, injury, or health problem which may arise from any volunteer work I perform for the project. I agree that all the work I do is on a volunteer basis, and I will not be paid or reimbursed for time, mileage, and/or expenses.

I certify that the above information is correct and give my permission to the ITC to share this information with appropriate agency personnel. I understand there are screenings, orientation and training procedures involved in this volunteer work and I am willing to participate in these.

Signature: _____

Date: _____

Please return this form to: Melissa Goodman at mgoodman@mirrorinc.org or call 785-250-5961

ITC Project / CAAHT Rotary Club / Volunteer Driver Pledge

As a volunteer for this Rotary club / project, I understand that my safety and the safety of others is paramount. I understand that driving as a volunteer is a privilege, not a right, and therefore, I agree to:

1. Provide evidence of my status as a licensed driver.
2. Comply with all club and project policies and procedures.
3. Comply with all laws and regulations concerning driving, including laws pertaining to the use of seat belts, child safety seats, cell phone use, and speed limits.
4. Promptly notify the club of any physical conditions, vehicle defects, or road conditions that might affect my safety or the safety of those I am driving.
5. Notify the club of any traffic citations I receive—even if given while driving on my personal time.
6. Attend driver training at the request of the club.

And, if involved in an accident, I agree to complete an Incident Report form and to cooperate with the club, police, and Rotary International's Risk Management, insurer, its insurance adjusters, and attorneys.

I pledge that if I drive my own vehicle on behalf of the club or club projects, I will maintain adequate personal auto insurance. I also understand that as a volunteer driver, my personal auto insurance will be activated for any accidents or incidents that involve my vehicle, including those that occur while I am serving as a volunteer driver for the club. **I understand that damage to my vehicle would be paid for by me or my insurance.**

Signature _____

Printed Name _____

Date _____

****Please attach a copy of your valid driver's license and proof of insurance with your application.**