



**Address:** PO Box 13266, Greensboro, NC 27415 · **Phone:** 336-337-2771 · **Web:** [www.shieldyouth.com](http://www.shieldyouth.com)

Dear Future Volunteer,

The SHIELD Mentor Program offers services to mentors and youth throughout the community. We train community members who share the mentoring spirit throughout the community to become self-sufficient role models. SHIELD offers mentoring sessions in which participants can spend time engaged in constructive and meaningful programs built towards leadership development. The emphasis is to provide services based on needs assessments for today's youth.

SHIELD Mentor Program welcomes volunteers from the entire community. SHIELD utilizes skills and knowledge of persons from various backgrounds, experiences and professions. For an entire listing of our volunteer opportunities and job descriptions, visit our website at [www.shieldyouth.com](http://www.shieldyouth.com).

Mentoring is one of the most significant ways that you can make an impact on the life of a young person. A small time commitment can make a significant difference in a child's life. No special skills are needed, just the willingness to care and spend time with someone who needs you. Mentors share life experiences, support goals, and encourage children to reach their dreams and their full potential. Training is provided, and required, for all volunteers.

SHIELD is always looking for guest speakers to share their knowledge and expertise with our mentees. We feel that guest speakers really add to our programs.

If you want to get involved in the SHIELD Mentor Program please email Precious McKoy, Founder/Executive Director, at [mckoy@shieldyouth.com](mailto:mckoy@shieldyouth.com) or call 336-337-2771 for more information. I have included a volunteer application form to be filled out by anyone who is interested in becoming a volunteer.

To return the completed forms, please schedule an appointment or mail them to:

SHIELD Mentor Program  
PO Box 13266  
Greensboro, NC 27415

Thank you,

Precious McKoy  
Founder/Executive Director

# Volunteer Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank you for taking the time to complete this questionnaire. Please answer all of the following questions as completely as possible. Please use an extra sheet of paper or write on the back of this page.

Yes, I will volunteer \_\_\_\_\_ hour(s) per week. I would like to volunteer in the following way(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Mentor                      | <input type="checkbox"/> Lead Mentor/Facilitator                      |
| <input type="checkbox"/> Special Events and Programs | <input type="checkbox"/> Assist with Fundraising                      |
| <input type="checkbox"/> Coordinate Workshops        | <input type="checkbox"/> Conduct Workshops                            |
| <input type="checkbox"/> One-time Events             | <input type="checkbox"/> Other (Please indicate below, if not listed) |

List clerical skills that you possess:

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Please indicate other ways you would like to volunteer:

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1. Why do you want to become a volunteer?
2. Do you have any previous experience volunteering/mentoring or working with youth? If yes, briefly describe your experience, responsibilities, and group with whom you worked.
3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
4. Can you commit to participate in the SHIELD Mentor Program for a minimum of one year?
5. Approximately how many Saturdays each month would you estimate that you are free between 10 AM and 12 PM?
6. Approximately how many Friday's each week (Monday-Friday) would you estimate that you are free between 6PM and 8PM? (For example: Days where you do not stay late at work, have a graduate school class, need to take care of your kids, etc. between 6-8PM)
7. How would you describe yourself as a person?
8. How did you hear about SHIELD Mentor Program?



# SHIELD Mentor Program

IT'S NEVER TOO LATE TO MENTOR A CHILD...**MENTOR YOUTH!**

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## Volunteer Application

Please type or print clearly

### Personal Information

*Name (Last):	*(First):	*(Middle):	
*Home Address:	Home Phone:		
*City:	*County:	*State:	*Zip:
Cell Phone:	E-mail ( <i>used for regular updates</i> ):		
*Home address, including county, <b>for the last seven years</b> (if different from above): <i>attach separate sheet if needed</i>			
*Date of Birth:	*Social Security #:		
Sex: F <input type="checkbox"/> M <input type="checkbox"/>	Race/ethnicity:		
Language(s) other than English:			

*\*Information necessary for criminal background check.*

### Employment History *attach separate sheet if needed*

Position Held:	Job title:	Dates of Employment: ____ to ____
Employer:	Supervisor's Name/Title:	
Employer Address:		
City:	State:	Zip:
Work Phone:	Work Fax:	E-mail:
Position Held:	Job title:	Dates of Employment: ____ to ____
Employer:	Supervisor's Name/Title:	
Employer Address:		
City:	State:	Zip:
Work Phone:	Work Fax:	E-mail:
Position Held:	Job title:	Dates of Employment: ____ to ____
Employer:	Supervisor's Name/Title:	
Employer Address:		
City:	State:	Zip:

**Education**

High School	Name & Location:
	Graduation Date: (month/year)                      GED: (date)
University/College	Name & Location:
	Major:                      Dates attended:                      Degree:
Graduate School	Name & Location:
	Field:                      Dates attended:                      Degree:
Trade School	Name & Location:
	Field:                      Dates attended:                      Diploma/Degree:
Military Service	Branch, rank, dates of service:

**Medical History**

Are you currently under physician's care or taking any medications? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.
Have you ever been treated or hospitalized for a mental disorder? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.

**Motor Vehicle Information**

Auto Insurance Carrier: _____ Exp. Date: _____
Driver's License #: _____ DL State: _____ DL Expires: _____

**Personal References**

First Reference Name (Last): _____ (First): _____ Relationship: _____
Address: _____ Phone: _____
City: _____ County: _____ State: _____ Zip: _____
Cell Phone: _____ E-mail: _____
Second Reference Name (Last): _____ (First): _____ Relationship: _____
Address: _____ Phone: _____
City: _____ County: _____ State: _____ Zip: _____
Cell Phone: _____ E-mail: _____
Third Reference Name (Last): _____ (First): _____ Relationship: _____
Address: _____ Phone: _____
City: _____ County: _____ State: _____ Zip: _____
Cell Phone: _____ E-mail: _____

## VOLUNTEER POLICY AND PROFILE

*I understand that I am not obligated, if called upon, to perform volunteer services herein applied for, and that SHIELD Mentor Program is not obligated to assign, or actively seek to assign, volunteer duties to the applicant.*

*In the event that I am chosen to volunteer, I agree to the commitment to participate to the best of my ability. I will honor confidential information regarding SHIELD Mentor Program. I will inform the Program Director of any changes in my address and/or phone numbers. I will inform the Program Director at least two weeks in advance should I choose to stop volunteering/mentoring.*

*Please read this carefully before signing:*

SHIELD Mentor Program appreciates your interest in becoming a mentor/volunteer.

Please initial each of the following:

\_\_\_\_\_ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ I understand that SHIELD Mentor Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor/volunteer.

\_\_\_\_\_ I understand that upon match closure, future contact between my mentee and myself is beyond the scope of the SHIELD Mentor Program, and can happen only by the mutual consensus of the mentee, their parent/guardian, and myself.

\_\_\_\_\_ I understand that by signing this application I hereby consent to the use of my name, likeness and speech in any audiotape, videotape, film, photograph, or electronic transmission or display made during the course of the SHIELD Mentor Program for any business purpose.

I understand I must return all of the following *completed* items along with the application, and that any incomplete information will result in the delay of my application being processed:

- \_\_\_\_\_ Three (3) Personal References (Name, Phone, and Email)
- \_\_\_\_\_ Photocopy of two photo IDs (i.e., driver's license, passport or a social security card)
- \_\_\_\_\_ Disclosure and Authorization for Employer to Access Consumer Reports

Do you know someone else who might be interested in being a volunteer?

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

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Signature

Date

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Printed

Please return or mail this form and the items listed above to SHIELD Mentor Program, P.O. Box 13266, Greensboro, NC 27415.



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## DISCLOSURE AND AUTHORIZATION FOR EMPLOYER TO ACCESS CONSUMER REPORTS

### AUTHORIZATION

I hereby authorize, without reservation, the obtaining of “consumer reports” or “investigative consumer” reports by SHIELD Mentor Program at any time after receipt of this authorization and throughout my employment or volunteer service, if applicable. I further authorize and request, without reservation, any present or former employer, school, police department, state or federal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish SecureSearch or SHIELD Mentor Program with any and all background information in their possession regarding me, so that my employment qualifications may be evaluated and/or reassessed. I also agree that a fax or photocopy of this authorization with my signature should have the same authority as the original.

**By signing below, I certify: (1) that I have read and fully understand this disclosure and authorization; (2) that all of the information I am providing is true, complete, correct and accurate; and (3) that I have received the attached Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.).**

*The following is information required in order for SHIELD Mentor Program to obtain a complete consumer report:*

FULL LEGAL NAME (First, Full Middle Name, Last Name)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH*
STREET ADDRESS	
CITY, STATE, ZIP CODE	
DRIVER'S LICENSE NUMBER	ISSUING STATE
OTHER OR FORMER NAMES (AKA, Maiden Names, Married Names, Surnames, Etc.)	
_____	_____
<b>CONSUMER'S SIGNATURE</b>	<b>DATE</b>

\* This information will be used for background screening purposes only.

Please list all Counties and States you have lived in since the age of 18.

County	State	Name Used in County	Date From	Date To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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**DISCLOSURE**

In connection with your application for employment or volunteer service with: SHIELD Mentor Program (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment or (if hired) or service, SHIELD Mentor Program may obtain a “consumer report” and/or an “investigative consumer report” on you from **SecureSearch**, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law. A consumer report is a communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. An investigative consumer report is a report obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. The consumer reports or investigative consumer reports may contain information regarding your credit history(if applicable to position), criminal records, driving history records, education records, previous employment history, social security traces, military records, professional licensure records, drug testing, government records, and other types of background information. You further understand that these reports may contain information concerning the reasons for termination of past employment. You are hereby notified that you have the right to make a timely request for the nature and scope of any investigative consumer report. You are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Inquiries to **SecureSearch** should be directed to **SecureSearch; Consumer Disputes; 558 Castle Pines Pkwy. #B4-137, Castle Rock, CO 80108. 1 (866) 891 – 1954.**

**MAINE AND NEW YORK APPLICANTS OR EMPLOYEES ONLY:** You have the right to inspect and receive a copy of your investigate consumer report requested by SHIELD Mentor Program by contacting the consumer reporting agency identified directly above.

**NEW YORK APPLICANTS OR EMPLOYEES ONLY:** By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**MINNESOTA AND OKLAHOMA APPLICANTS OR EMPLOYEES ONLY:** Please check this box if you would like to receive a copy of a consumer if one is obtained by the Company.

**CALIFORNIA APPLICANTS OR EMPLOYEES ONLY:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

**NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW**

SHIELD Mentor Program (the “Company”) intends to obtain information about you for employment purposes from an investigative consumer reporting agency or consumer credit reporting agency. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **SecureSearch; Consumer Disputes; 558 Castle Pines Pkwy. #B4-137, Castle Rock, CO 80108. (866) 891 – 1954.** The source of any credit report will be **SecureSearch or ClearStar Logistics; Consumer Disputes; 558 Castle Pines Pkwy. #B4-137, Castle Rock, CO 80108. (866) 891 – 1954.**

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law. Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows: In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file. A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

By requesting a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.



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Name: \_\_\_\_\_ Date: \_\_\_\_\_

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) Yes  No

If Yes, please explain:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? Yes  No  If Yes, please explain:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? Yes  No  If Yes, please explain:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? Yes  No  If Yes, please explain:

5. As of the date of this authorization, do you have any pending criminal charges against you? Yes  No  If Yes, please explain:

6. Have you ever served in the US Military? Yes  No

7. If you answered YES to the above question, did you receive a DD214?

Yes  No  If Yes, can you present the document?: Yes  No

8. If you answered YES to the above question 6, did you receive an honorable discharge?

Yes  No  If No, please explain:

\_\_\_\_\_  
Consumer signature

\_\_\_\_\_  
Date