

WOMEN ON THE MOVE NETWORK

WHO'S YOUR HERO? PROGRAM VOLUNTEER FORM

1. NAME _____
2. ADDRESS _____
- _____
3. PHONE _____ CELL _____ E-MAIL _____
4. BRIEFLY DESCRIBE ANY RECENT EXPERIENCE WORKING WITH CHILDREN _____
- _____
- _____
5. ARE YOU AVAILABLE DURING WEEK-DAY AFTERNOON HOURS? _____ YES _____ NO
ARE YOU AVAILABLE SATURDAY MORNINGS? _____ YES _____ NO
6. ANY TIME OR TRANSPORTATION LIMITATIONS? _____
7. DO YOU HAVE ANY PHYSICAL/HEALTH LIMITATIONS?

8. DO YOU HAVE SPECIAL TALENTS: ART, MUSIC, CRAFTS, ETC? IF SO, PLEASE DESCRIBE _____
- _____
9. PLEASE GIVE A PERSONAL REFERENCE (NOT A RELATIVE) THAT WE MAY CONTACT: Name _____
Address: _____ Phone _____
10. Are you a student? ___ Yes ___ No If so, where? _____

I understand that potential mentors will be interviewed, and must provide fingerprints and TB Test verification. Mentors will be provided a half day of training and all necessary materials. Additional training meetings will be scheduled as needed. Mentors must commit to at least one school year of service in the program, although longer periods are desirable.

I believe in the goals of the *WHO'S YOUR HERO? /JUNIOR WOMEN ON THE MOVE* Program, and I offer to serve as a mentor.

SIGNED _____
DATE _____
