

St. Olaf College Upward Bound Program
Alumni Mentoring Program
VOLUNTEER APPLICATION

Personal Information

First Name: _____ Last Name: _____

Permanent Address: _____

Occupation: _____

Organization/Company: _____

Work Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Education

College and College Major: _____ Year of Graduation: _____

Post Baccalaureate Courses and/or Degrees: _____

Work Experience

Date	Title	Organization
_____	_____	_____
_____	_____	_____

Description of Work Experience: _____

Volunteer Experience

Date	Title	Company/Organization
_____	_____	_____
_____	_____	_____

Description of Volunteer Experience: _____

Other Useful Information

Please list interests/hobbies (include travel, sports (that you play or watch), music, outdoor, pets etc)

Languages you speak other than English: _____

Please explain why you would like to volunteer as an Alumni Mentor: _____

Do you have any concerns about volunteering with young people? _____

The following information may be used to conduct background checks and will remain confidential.

Social Security Number _____

Drivers' License Number _____

Have you ever been convicted of a misdemeanor or felony?

Yes

No

If yes, please explain: _____

The St. Olaf Upward Bound Program does not discriminate based on any legally protected status under federal, state or local law.

I understand that submitting this information does not guarantee my acceptance into the St. Olaf Mentoring program, and that assignment of volunteer work is based on the assessment made by the Upward Bound staff.

I understand that if I have misrepresented the information and/or fail to adhere to program guidelines, I may have my application approval withdrawn. I understand the Upward Bound Program may request a background check pursuant to the Minnesota Child Protection Background Check Act. Information will be provided regarding my rights and I will sign an appropriate release authorization if requested to do so. I have read, understand and agree to the appropriate Alumni Mentor Policies and Guidelines.

Signature

Date