

Hillsborough County Schools Volunteer Application

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References: Please list four persons who know you well and would be in a position to evaluate your qualifications and ability to be a mentor. Do not list relatives, significant others or those you have known less than two years. One of the references should have known you for at least five years and the others for at least two years. If you have been employed at your current place of employment for at least six months, list your supervisor as one of your references.

1. _____
Name Address
() () ()
Telephone: Home Work Fax Years known

2. _____
Name Address
() () ()
Telephone: Home Work Fax Years known

3. _____
Name Address
() () ()
Telephone: Home Work Fax Years known

4. _____
Name Address
() () ()
Telephone: Home Work Fax Years known

List previous work with youth or other volunteer activities:

Have you ever applied to become a mentor before? If yes, When? _____
Where? _____ With whom? _____

FOR OFFICE USE ONLY: _____ New Volunteer _____ Returning Volunteer
Background Check: <input type="checkbox"/> N/A <input type="checkbox"/> Record Found <input type="checkbox"/> No Record
<input type="checkbox"/> Approved <input type="checkbox"/> Denied
School # _____ Name _____
Interview by _____
Was this a district office referral? Yes _____ No _____
Volunteer placed? Yes _____ No _____ Date _____
Training provided by: _____
Volunteer withdraw/Termination Date _____
Reason: _____