

**CRAY YOUTH AND FAMILY SERVICES, INC.
MENTORING PROGRAMS**

44 South Beaver Street • New Castle, PA 16101
Phone: 724-654-5507 / Fax: 724-654-5546

High School / Elementary School 1-to-1 Mentoring Program Application

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

OK to text? _____ Email: _____

Name of Parent(s)/Guardian: _____

Grade: _____

Are you employed? _____ If so, where? _____

Position held: _____ Length of employment: _____

Do you have a driver's license? _____

If not, do you have reliable means of transportation? _____

Are you involved in any extra-curricular activities? _____ Please list:

** Two references are required – one from your parent and one from an adult at school who knows you well. Please make sure they know that you are using them for a reference!

Parent Guardian Name _____ phone # _____

If address is different from volunteer applicant please note it here: _____

Teacher/School Reference Name _____ phone # _____

**Statement of Program Philosophy/Volunteer Policy and Authorization
for Release of Confidential Information**

Cray Youth and Family Services is a social services agency designed to help at risk children in Lawrence County. The Mentoring program seeks to assign qualified high school students in Lawrence County to children who can benefit from positive attention, assistance with schoolwork and social skills.

The application and interview process is designed to establish a profile of you and your interests and hobbies, all elements of your profile will be kept in the strictest of confidence. Prior to assignment, we will share with you the interests, hobbies and needs of the child. Any party has the right to refuse to enter into a match based on the information communicated.

The undersigned acknowledges:

1. They have read and fully understand the statement above;
2. Agrees that he/she is not obligated if called upon to perform the volunteer services herein applied for and that the agency is not obligated to assign or actively seek to assign the applicant to a child;
3. Understands that it will be necessary for Cray staff to investigate my background and to check my character references. I hereby give my consent for this information exchange and authorize the release of information requested.

Signature of Applicant: _____ Date _____

The undersigned acknowledges:

1. That they are the Parent/ Legal Guardian of the applicant;
2. That they give their permission for the applicant to be a mentor to an elementary aged student;
3. That the applicant will be interviewed by Cray staff to assess their suitability to be a mentor.

Parent Signature: _____ Date: _____