

References: Please list three persons not related to you who have definite knowledge of your qualifications, preferably someone who has seen you interact with youth. Please give complete addresses.

Name: _____ Address: _____
Phone: _____

Name: _____ Address: _____
Phone: _____

Name: _____ Address: _____
Phone: _____

If you plan to drive your apprentice please list your driver's license ID number. Our insurance company requires us to obtain driver's records for all staff/volunteers who transport youth.

Driver's ID # _____ State _____ Date of Birth _____

I affirm that the statements made on this application are true. If appointed as a volunteer, I agree to fulfill the volunteer responsibilities to the best of my ability.

Signature _____ Date _____

Thank you for taking the time to complete this application and considering becoming a mentor with our program. If you have any questions, please feel free to call us at 275-0122. Please return the application at your earliest convenience.

Return to: The Learning Web
515 W. Seneca St.
Ithaca, NY 14850

It is understood that no discrimination is implied with this form. The Learning Web offers equal program and employment opportunities.