

STARS Junior Mentor Application



Today's Date: _____

Personal Information

Last Name	First Name	Gender	
Street Address	City	State	Zip
Phone Number	Email Address		

Education Information

High School	
Current Grade Level	Current GPA

Work or Volunteer Experience

Company Name	Job Title	
Description of Work		
Contact Name	Contact Phone Number	Contact Email Address

Company Name	Job Title	
Description of Work		
Contact Name	Contact Phone Number	Contact Email Address

Personal References

Name	Phone Number	Email Address
Relationship to Mentor		

Name	Phone Number	Email Address
Relationship to Mentor		

Name	Phone Number	Email Address
Relationship to Mentor		

Training/Certifications

List any applicable certifications below (CPR/AED, adaptive certifications, etc.):

Availability

Are you able to attend all required training dates? ___ Yes ___ No (if no please explain below)

Are there extended times this summer that you will not be able to volunteer? ___ Yes ___ No

If yes, please explain below and list all the dates you will be unable to volunteer:

Are service hours required by your school/club/team/etc.?

Experience:

Check any activities you have experience in:

- | | |
|---|--|
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Whitewater Rafting |
| <input type="checkbox"/> Camping/Backpacking | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Other Summer Activities |
| <input type="checkbox"/> Waterskiing/Wakeboarding | |
| <input type="checkbox"/> Fishing | |
| <input type="checkbox"/> Canoeing/Kayaking | |

Short Answer Questions

Please type your answers to the following questions and attach to your application.

1. Briefly summarize any experience you have working or interacting with people with cognitive or physical disabilities. If you have none, please explain why you believe you would be a great peer mentor for people with disabilities.
2. Elaborate on any previous volunteer experience and explain why you enjoy volunteering. Also, explain why you would like to be a Junior Peer Mentor with the Steamboat STARS program.
3. Describe an individual that has served as a role model for you. What aspects make them a role model? What have you learned from this individual?
4. Summarize any special skills or qualifications you have acquired from employment, previous volunteer work, or other activities. Include any involvement in extracurricular sports or clubs you are involved in and foreign language or sign language skills.

Parent/Guardian Contact Information

Name			
Street Address	City	State	Zip
Home Phone Number	Cell Phone Number		
Email Address			

Emergency Contact Information

Name		
Home Phone Number	Work Phone Number	Cell Phone Number
Email Address		

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed): _____

Signature: _____

Date: _____

Parent/Guardian Name- If under 18 (printed): _____

Signature: _____

Date: _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please contact Brett Maul with any questions or concerns.

Phone: (970) 870-1950

Email: brettm@steamboatstars.com