

Jailed Juvenile Mentor Program
VOLUNTEER APPLICATION
Confidential

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____ Zip Code: _____

Telephone:(H) _____ (W) _____

DOB: _____ Race: _____ Sex: _____ How long in Jacksonville: _____

Marital status: Single _____ Married (Date): _____ Widowed (Date): _____

Separated (Date): _____ Divorced (Date): _____

If married, have you discussed becoming a mentor with your spouse? [] Yes [] No

If so, what are his/her feelings: _____

Spouse's name: _____

Number and ages of your children: Girls _____ Boys _____

EMPLOYMENT INFORMATION:

Occupation: _____

Employer: _____ Date employed: _____

Job History: (Past five [5] years)

1. Name of Company: _____ Position: _____

Dates employed: _____ to _____ Reason for leaving: _____

2. Name of Company: _____ Position: _____

Dates employed: _____ to _____ Reason for leaving: _____

3. Name of Company: _____ Position: _____

Dates employed: _____ to _____ Reason for leaving: _____

Why do you want to be a mentor? _____

Prior volunteer experience: _____

Prior experience with children: _____

Do you anticipate any changes in business, residence, or marital status in the year? [] Yes [] No

If yes, please explain: _____

General health: _____ Current medications: _____

Physical limitations: _____

Education (highest grade completed): _____

Organizations to which you belong (Fraternity, Civic, Religious, Business): _____

Driver's License # _____ State: _____ Expiration Date: _____

Do you own or have regular use of an automobile? [] Yes [] No

Name of insurance company: _____ Policy # _____

REFERENCES:

Please print COMPLETE name, address, and relationship of three people. They must have known you for at least two (2) years. Each should be in a position to evaluate your qualifications as a mentor volunteer. Please do not include family members, current boyfriends, girlfriends, or fiances as references.

1.

NAME	ADDRESS	ZIP	DAYTIME PHONE #
_____	_____	_____	() _____

Relationship: _____ Years known: _____

2. _____ () _____

Relationship: _____ Years known: _____

3. _____ () _____

Relationship: _____ Years known: _____

Please print the name and address of your work supervisor. (If employed less than six months, use previous employer)

4.

Name	Address	Zip	Daytime Phone #
_____	_____	_____	() _____

STATEMENT OF UNDERSTANDING - MENTOR'S PLEDGE

As a mentor for a juvenile sentenced in adult court, I understand I am involving myself in a difficult but urgent task. I am not entering this obligation without an awareness of the work I need to do as a part of an effort to save our youth and our city. I firmly commit my time and skills to this effort and will be faithful to my commitment.

I have been supplied with the Guidelines for Mentors of Juveniles Certified as Adults and Placed on Probation. I pledge to follow those guidelines and obligations to the best of my abilities.

Volunteer Signature

Volunteer Coordinator

Date

SEND YOUR COMPLETED APPLICATION TO:

State Attorney's Office
Attn: Catherine Chadeayne-Goldman
330 East Bay Street
Jacksonville, Florida 32202