



VOLUNTEER APPLICATION - Student Mentor

Personal Information

Application Date _____

Name _____

Home Mailing Address: (Street/Apt) _____

City _____ Zip Code _____

Daytime Phone Number _____ Evening Phone Number _____

Email Address _____ Do you hold a valid AZ drivers license? ___Yes ___No

Are you under the age of 18? _____ (If yes, parental consent to volunteer is required)

How did you hear about Rosie's House? _____

Volunteer Responsibilities/Areas of Interest

The student mentor program is for high school music students that want to gain volunteer experience in assisting in the classroom as well as the logistical and administrative aspects of Rosie's House: A Music Academy for Children. Please indicate your areas of interest.

What instruments do you study or play? _____

Please tell us about your skills, talents, and other volunteer interests that can be of help to Rosie's House:

Availability

Please check the days and/or evenings that you might be available to volunteer. This will give us a general idea as to your usual availability and scheduling preferences.

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Daytime—Mornings							
Daytime—Afternoons							
Evening Hours (after 5pm)							

Do you prefer to volunteer your time on a: ___ Weekly Basis ___ Monthly Basis ___ "On Call" Basis (For Events)

How many hours, on average, would you like to volunteer? ___ Hours/Weekly ___ Hours/Monthly

When are you available to start volunteer work? _____

Experience and Skills

Have you ever volunteered before? _____ If so, with which organizations or agencies:

Do you speak or write languages, other than English? _____

If Yes, please list _____

Do you have Computer/PC Knowledge and Skills? _____ (Please describe software programs you are competent in)

References/Enclosed Reference Forms (2)

Please provide us with the names of the two people who will be acting as your references. Each reference must complete a Reference Form (enclosed), place it in a sealed envelope, and either give it to you to submit with your application or mail it in directly to Rosie’s House. One of your references can be a personal reference, but one MUST be a professional reference (work or training supervisor, teacher, volunteer coordinator, or someone familiar with your work habits). Please note that the Volunteer Coordinator at Rosie’s House may contact your references by phone for further information.

1. Name _____ Phone Number _____

Relationship: _____ Best time to contact _____

2. Name _____ Phone Number _____

Relationship: _____ Best time to contact _____

Be sure to provide each of your references with one of the enclosed Reference Forms

Disclosure

Have you ever been charged with, pled guilty to, or been convicted of a crime(s)? _____ Yes _____ No

Have you ever had your drivers license suspended or revoked? _____ Yes _____ No

Have you ever been refused participation in programs serving youth? _____ Yes _____ No

If Yes to any of the above questions, please explain

A conviction does not automatically mean that you cannot be accepted as a volunteer. What you were convicted of, how old the conviction is, and the nature of the volunteer work that you will be performing will play an important role in our decision. Give all the facts so that a decision can be made. Your responses will remain confidential.

Rosie’s House is hereby authorized to check references as supplied to verify the above information. I understand that if accepted in a volunteer position at Rosie’s House, I am subject to dismissal if any of the information on this application is false or has been omitted, and that I may be required to furnish documents supporting statements made. I also understand that depending on the nature of my volunteer assignments, I may be required to pass a drug test and a background check.

Signature of volunteer applicant _____ **Date** _____

Please mail this application to Rosie's House: A Music Academy for Children, P.O. Box 13446, Phoenix Az 85002. Or fax to 602-252-8473.

REFERENCE FORM
ROSIE'S HOUSE: A MUSIC ACADEMY FOR CHILDREN

Date: _____ **Name of Reference:** _____

Name of volunteer applicant: _____

Your name has been given as someone who is familiar with the above person's qualifications to serve as a volunteer at Rosie's House: A Music Academy for Children. We appreciate your taking a moment to complete this form, as it is a vital part of the application process. Should we need to clarify or obtain further information, our Volunteer Coordinator may be contacting you.

Your *daytime* phone number: (_____) _____ E-mail: _____

What is your relationship to the applicant? _____

How long have you known the applicant? _____

Do you feel that the applicant is well suited to volunteering for a non-profit organization that serves children?

___ Yes ___ No (Please explain your response--Why/Why not?)

What skills or talents do you feel the applicant has to offer as a volunteer?

Please complete this checklist, noting your observations of this individual in relation to each of the qualities listed.

Quality or Attribute	Always	Sometimes	Never	Unable to Comment
Is considered reliable and dependable				
Is trustworthy and honest				
Assumes responsibility for his/her actions				
Takes pride in his/her work & accomplishments				
Demonstrates mature judgment/decision-making				
Works well with people of all races/ethnic groups				
Takes direction and supervision well				
Is a team-player, easy to get along with				

Additional Comments:

Your Signature: _____

Date _____

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