



# A2Z Mentoring Program

P.O. Box 32, Pennington, NJ 08534 • Tel: 609-213-8674 • Fax: 609-333-0730  
Email: a2z@a2zmentoring.org • www.a2zmentoring.org

"You must be the change you wish to see in the world"- Mahatma Gandhi

## TEEN VOLUNTEER APPLICATION – (AGE 18 AND BELOW)

### Fall 2017/Winter-Spring2018/Summer2018

A 2 Z welcomes Teenagers to mentor/tutor students from grade 1 through grade 12 in Reading, Writing, Math, and Science. Volunteers are welcome to mentor students in the SAT Review Course.

Name: \_\_\_\_\_

(Last) (First) (Middle)

Address: \_\_\_\_\_

(Street) \_\_\_\_\_

(City) (State) (Zip Code) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ H.S. Graduation Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Minimum age to volunteer is 14 yrs.) (optional)

Age: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I am interested to register A2Z Mentoring for the following sessions only:

Fall 2017\_ Winter/Spring2018\_\_ Summer 2018\_\_ Full Year: \_\_\_\_\_

How often would you like to volunteer? \_\_\_ 1 session per week \_\_\_ 2 sessions per week \_\_\_ Other

Below indicate the type(s) of volunteer work you would prefer:

\_\_\_ One-on-one /mentoring/tutoring with Grade 1 through Grade 12 students.

(Focusing on literacy, Math and Homework support, special project)

\_\_\_ Group Mentoring (more than 2 students)

\_\_\_ Only Fund Raising Activities

\_\_\_ School Supply Activities

\_\_\_ Food Supply Activities

Web Site Mgt \_\_\_\_\_ Power Point Creation etc. \_\_\_\_\_

#### REGISTER FOR SPECIAL ACTIVITIES from Fall 2017:

**Robotics Club for 8 weeks, Saturday from October 7 - Dec 9, 2017 from 1pm to 2:15pm, at Hickory Corner Road Library: \_\_\_\_\_ Tennis 8 weeks Sunday only: \_\_\_\_\_ Music 8 Weeks: \_\_\_\_\_**

**\*\*Teen participation in any of the above activities will make you eligible for receiving community service hours. To Receive the mentoring certificate participant must attend all sessions they have committed to. Only two days of excused absence will be allowed per semester Certificate will not be issued if there are additional unexcused absence.**



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I participate in the following Extra Curricular Activities at school: \_\_\_\_\_

How did you find out about A2Z's TEEN Volunteer program? \_\_\_\_\_

Do you have any experience working with young children, Describe: \_\_\_\_\_

**I certify that the above information is accurate and correct to the best of my knowledge. I also agree to honor my time commitments to A2Z by being punctual and consistent in my attendance. I also agree to contact my supervisor via phone OR email for any emergency or needed assistance. I also understand that I am applying for a non-paid volunteer assignment and do not expect remuneration for my services. \* \*note that volunteer who habitually violate this agreement will be subject to measures including removal from the program.**

Print Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### TO THE PARENT:

**My daughter/son is applying to volunteer at A2Z Mentoring Program with my full knowledge and approval. According to the fair Labor Standards Act, Volunteers between the ages of 14-15 may volunteer for a maximum of 3 hours per day and 18 hours per week when school is in session. Volunteers over the age of 16 may volunteer unlimited hours.**

Name of Parent: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Emergency Contact Other than Parent: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_



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### **SCHOOL COUNSELOR/TEACHER RECOMMENDATION:**

My son/daughter, \_\_\_\_\_ has applied to volunteer at A2Z's Mentoring Program.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

### ***From School Counselor/Teacher:***

Name of Student: \_\_\_\_\_

Current School Year: \_\_\_\_\_ School Attendance: Good \_\_\_\_\_ Poor \_\_\_\_\_

#### **Characteristics:**

**Leadership:** Above Average \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

**Follows Directions:** Above Average \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

**Communication:** Above Average \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

**Cooperation:** Above Average \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

**Honor Student:** Yes \_\_\_\_\_ No \_\_\_\_\_

Counselor/Teacher Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** A2Z accept SCHOOL COUNSELOR/TEACHER RECOMMENDATION  
Via email (optional) or by mail. (email: a2z@a2zmentoring.org)



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### ***Personal References:***

*To ensure the safety of the program participants, A2Z Mentoring Program will be checking personal references on every applicant. Please list two people who know you well (non- family member) and can attest to your character, skill and dependability, separately on two copies of the form below. Your application will not be accepted until these recommendations have been received. Please bring them with you on our Mandatory Training day.*

### **Reference: Community Leader/professional/non family member**

I, \_\_\_\_\_ give my permission to volunteer services at A2Z to contact the person named below as a reference. I understand that the information can be used to determine my placement as a volunteer.

Name of Reference: \_\_\_\_\_

Reference Telephone: \_\_\_\_\_

Are you familiar with applicant's work Habit? \_\_\_ Yes \_\_\_ No

How long have you known the applicants? \_\_\_\_\_ Years \_\_\_\_\_ Months

In What Capacity? \_\_\_\_\_ Work \_\_\_ School \_\_\_ Other \_\_\_\_\_

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Waiver and Release Form-Volunteers and Students

Fall 2017/Winter-Spring2018/Summer2018

Name of Child (if under 18 years) \_\_\_\_\_

Name of Parent / Guardian \_\_\_\_\_

I, the minor's parent and/or legal guardian, waive and release all rights and claims for damages against the owners, supervisors, volunteers and other members of the Aim for A2Z, Inc., from personal injury or accident of any sort or nature suffered by me/us, the undersigned or the minor, by reason of participation in classes, lessons or any programs or activities of the Aim for A2Z, Inc.

Parent/Guardia Name \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student/Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Privacy Consent Form-Volunteers and Students

Fall 2017/Winter-Spring2018/Summer2018

The Aim for A 2 Z program may publish Student, Mentor and Supervisor names, their photographs or articles written by them, in the press or on the Internet, from time to time. While the intent of doing so would be solely for information or advertisement purposes, there may be a concern about the individual's right to privacy. In order to allow the parents/guardians, mentors, supervisors and students the option of exercising their right to privacy, Aim for A 2 Z Mentoring Program would like to provide the opportunity for them to have their names removed from students lists, to withhold the publication of their articles or not to have their photographs printed.

**Please have a parent/guardian sign the 3 areas of consent.**

Name Volunteer/Student \_\_\_\_\_

We allow Aim for A 2 Z Mentoring Program to publish the following in the media.

1. Child's Name Yes \_\_\_ No \_\_\_

2. Child's Articles about their experiences at A 2 Z Yes \_\_\_ No \_\_\_

3. Photograph of our child. Yes \_\_\_ No \_\_\_

Parent/Guardia Name \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student/Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_