



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 2020/Winter-Spring 2021/Summer2021

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 2020 Winter/Spring 2021__ Summer 2021__ 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 _____ News Letter: _____ Power Point Creation etc. ___ Excel work: _____
 Foreign Language: Yes _____ Which Language: ___ 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. A2Z Mentoring will operate mentoring by using Zoom Platform only due to COVID 19 Pandemic.**

Print Name: _____ Applicant Signature: _____

Date: _____



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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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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 2020/Winter-Spring 2021/Summer 2021

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 2020/Winter-Spring2021/Summer2021

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: _____