

MENTOR APPLICATION



Lamoille Valley Mentoring Partnership
c/oLCCDRS
PO Box 148 221 Main Street
Hyde Park, Vt. 05655
802-888-0548
lvmp@pshift.com

Name: _____
Street Address: _____
City: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____
Email Address: _____

Highest Level of Education Completed:

- High School/G.E.D. Some College 2 Year Degree
 4 Year Degree Post Grad. Study Master's Degree PhD

Current College students please fill out the following section:

College: _____ Major: _____

Year: Freshman Sophomore Junior Senior

Your Campus Address (if different from above):

Your Campus Phone #: _____ Email: _____

REFERENCES

List three non-family members who know you well and can attest to your character, skill and dependability:

Name: _____ Relationship to you: _____
Address: _____
Phone/email: _____

REFERENCES (continued)

Name: _____ Relationship to you: _____
Address: _____
Phone/email: _____

Name: _____ Relationship to you: _____
Address: _____
Phone/email: _____

EMPLOYMENT

Current place of employment (We reserve the right to contact employer for reference check)

Employer: _____
Your Occupation: _____ Dates of Employment _____
Business Address: _____
Phone/email: _____

GENERAL INFORMATION

Please list relevant experiences to Mentoring (i.e. tutoring, Big Brother/Big Sister, etc.):

Why would you be a good mentor? _____

What do you feel are your strengths and weaknesses? _____

Your Hobbies and Interests: _____

Do you have reliable transportation to get to and from regular mentoring meetings?
Yes No

Have you ever been convicted of a crime? Yes No

Are you currently being prosecuted for a crime? Yes No

If yes to either question, please explain:

AVAILABILITY – What are the best days and times for you to mentor?

In making this application to be a volunteer mentor, I understand that the Mentoring Program routinely does criminal, child abuse registry and driving record checks of volunteer mentors. I authorize the Mentoring Program to conduct these checks. I certify that all the information provided on this application is true and accurate to the best of my knowledge. Should any information on this application change, I agree to notify the Mentoring Program Coordinator in writing within (30) days.

Signature: _____ Date: _____

Please be advised that receipt of your application does not guarantee acceptance into a Lamoille Valley Mentoring Partnership Mentoring Program. Our decision to accept is based upon several factors, including your application, your references, a criminal background check, and our assessment of suitability from information collected from these sources and during the interview.

School-based mentoring programs:

Community-Based mentoring programs:

Cambridge Elementary
Donna Rooney
P.O. Box 160
Jeffersonville, VT 05464

Craftsbury Academy
Sue Brown
PO Box 73
Craftsbury Common,
VT 05872

Eden Central School
Anne McPhearson
& Betty Jones
PO Box 21
Eden Mills, VT 05653

Hardwick Elementary
Amanda Gabaree
PO Box 515
Hardwick, VT 05843

Hazen Union High School
Susannah Davis
PO Box 368
Hardwick, VT 05843

Hyde Park Elementary
Pam Cushman
50 East Main Street
Hyde Park, VT 05655

**Peoples Academy
Middle/High School**
Liddy Bourne
P.O. Box 38
Morrisville, VT 05661

Stowe Elementary
Wendy Monahan
PO Box 760
Stowe, VT 05672

**Stowe Middle & High
School**
Amy McCardle
413 Barrows Road
Stowe, VT 05672

Waterville Elementary
Kristin Hersey
3414 VT Route 109
Waterville, VT 05492

Wolcott Elementary
Merri Greenia
P.O. Box 179
Wolcott, VT 05680

Woodbury Elementary
Michalla Martin
PO Box 28
Woodbury, VT 05681

**Lamoille County Court
Diversion/Restorative
Justice Programs, Inc.**
Carol Maloney
221 Main Street
P.O. Box 148
Hyde Park, VT 05655

**Lamoille County
Mental Health**
Bonnie Manosh
520 Washington Hwy
Morrisville, VT 05661

Lamoille Family Center
Imelda Turner
480 Cady Falls Rd.
Morrisville, VT 05661

**Laraway Youth &
Family Services**
Greg Stefanski
P.O. Box 621
Johnson, VT 05656

Social Services
Erin Whitcomb
63 Professional Drive
Morrisville, VT 05661

**Not sure where you'd like to mentor?
Send your application to:
LVMP
c/o LCCDRJ
PO Box 148 221 Main Street
Hyde Park, Vt. 05655**

**Lamoille Union
Middle-High School**
Pat Hallquist
P.O. Box 304
Hyde Park, VT 05655

Buffalo Mountain School
Chad Patten
Main Street
Hardwick, VT 05843

Morristown Elementary
Sarah Pennock
548 Park Street
Morrisville, VT 05661

**Clarina Howard
Nichols Center**