One congregation. One family.

Family and Senior Homeless Initiative

Volunteer Mentor Application/Background check

Last Name __Mr. __Mrs. __Miss __Ms __Dr __Rev	First Name	Middle Initial
Street Address		Apartment Number
City	State	Zip Code
Previous address if less than two years in current residence		
Date of Birth: ____/_____/_____	Home ( )	Work ( )
	Cell ( )	Fax ( )
E-mail Address	Congregation/Organization Affiliation	
Congregation Leader	Congregation-Organization address	
I prefer to receive calls at: __ Home __E-mail __ Work __ Cell	Circle the situation you prefer to mentor? Family Senior	
What part of the metro area do you prefer your family or senior to be in?		
What other mentor preferences do you have?		

I certify that the statements made in this Volunteer Application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with proper interest, and I release this Agency from any liability whatsoever for supplying such information. I agree to abide by the mentor training guidelines of Family & Senior Homeless Initiative. I further agree to indemnify Family & Senior Homeless Initiative, the Denver Rescue Mission, the City and County of Denver and/or any of their separate entities against all claims, demands, judgments, and executions that said entities may sustain arising from my volunteer actions, whether or not such claims, demands, judgments, and executions are discovered during my volunteer work. I also understand that with every volunteer experience there are certain inherent risks and agree to hold harmless the said entities from all damages as a result of the mentoring experience.

Applicant's Signature: _____ Date: _____

6090 Smith Rd. Denver, Denver, CO 80216 Phone: (303) 313-2440 Fax: (303) 297-9308