



Giving Boys a Guide to Manhood

## Adult Volunteer Application

### CONTACT INFORMATION

(please print clearly)

Full Name:	
Home Address:	
City, State Zip Code:	
e-Mail Address:	
Work Phone:	
Cell Phone:	

By providing my cell number and signing below, I authorize MENFORMATION and its affiliates to contact me by automated SMS text message for program updates, instructions, and reminders as often as they deem necessary.

### YOUR LEVEL OF COMMITMENT check all that apply

- MENTOR** ~ I commit to attend monthly Saturday Group Mentoring [9am to 1pm Jan-Nov]  
 **FRIEND** ~ I volunteer to attend at least two Saturdays this year.  
 **PARTNER** ~ I will donate at least \$5.00 per month (buy a kid lunch).  
 **MENTUTOR** ~ I want to be a paid after-school mentor/tutor [Thursdays @ 2pm-6pm]

### REFERENCES

Please list 2 non-relatives having knowledge of your character, experience and ability.

<b>Full Name:</b>	
Phone:	
<b>Full Name:</b>	
Phone:	

Dear Prospective Volunteer:

Thanks for your interest in volunteering with The Menformation Project. With your help, we can strengthen existing programs and add new activities for our mentees.

Our emphasis is on providing a wholesome environment supervised by adults of high moral character. We are required to secure your consent for a background check and examine all references. We appreciate your cooperation.

Thanks... You are a blessing !!!

**Please Sign using Blue Ink**

Mail Original Signed Application:  
PO Box 18916 • Los Angeles, CA 90018

**CONSENT FORM**

I AUTHORIZE **The Menformation Project, Inc.** ("MENFORMATION") and/or its affiliates to conduct an independent investigation of my background, reference, character, employment, education, criminal or police records, including those maintained by private organizations, and all public records for the purpose of confirming the information contained on my application.

I release MENFORMATION and/or any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources.

X \_\_\_\_\_

Signature

\_\_\_\_\_ Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Soc Sec #

\_\_\_\_\_  
CA I.D. or Driver Lic. #

\_\_\_\_\_  
Date of Birth

**TALENT RELEASE**

I understand that photographs or video tapes may be made of my volunteer activities at MENFORMATION. I authorize MENFORMATION, without limitation, to copy, publish, exhibit, or distribute such photographs or videotapes for the purpose of reporting or promotion of volunteerism. I waive all rights or claims I may have against MENFORMATION, and/or their agents or assignees related to the above photos and videotapes.

X \_\_\_\_\_

Signature

\_\_\_\_\_ Date

**AGREEMENT & SIGNATURE**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature:	X
Print Name:	
Date:	