



Please list any experience working with youth; (i.e. church, scouts, etc.) including dates.

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List any other volunteer experiences \_\_\_\_\_

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What are your hobbies, skills, special talents, interests?

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Please list clubs, professional organizations, church or temple affiliation (indicate offices held and years). \_\_\_\_\_

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List four references (not relatives) who have known you for at least one year. One should be your employer. Include their complete mailing addresses.

1. Name \_\_\_\_\_ email \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_

2. Name \_\_\_\_\_ email \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_

3. Name \_\_\_\_\_ email \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_

4. Name \_\_\_\_\_ email \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_

If you have done volunteer work with a youth prior to this time, list as a reference your supervisor(s) from that experience, even if it occurred in another state.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_



**Please see following page for criminal/driving history check.**



## Chatham County Together!

Criminal/driving history check

I, \_\_\_\_\_ give my permission to the coordinators of  
\_\_\_\_\_ please print  
this program to contact the references listed and to perform a criminal background check with either  
Chapman or Intellicorp. Furthermore, I authorize the coordinators to inquire about my previous/present  
volunteer and work experience. I understand that this screening process is necessary for my qualification as  
a Chatham County Together! volunteer. I certify that all information on this application is true to the best of  
my knowledge.

**Please fill out the information below for background check.**

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

**Please sign for permission and certification.**

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

Witness \_\_\_\_\_ Date \_\_\_\_\_

*When this application is complete, you can FAX, mail or hand deliver it to Chatham County Together!  
at the Pittsboro PO Box or location. Thank you!*

Chatham County Together! 175 E. Salisbury St. Pittsboro, NC PO Box 1101 Pittsboro, NC 27312  
919-542-5155 FAX 919-642-0164

Form.MentorApplication