



**“BUDDIES”**

**MENTOR APPLICATION  
PACKET**

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## **Fresno PAL "Buddies" Mentor Program**

*Building a Better City for Tomorrow by Mentoring Today*

### **LIVE SCAN INSTRUCTIONS**

Please call Human Resources at 621-6950 to set up an appointment.  
These appointments are available on the following dates and times:

**Tuesday 09:00 pm – 4:00 pm**

**Thursday 09:00 pm – 4:00 pm**

Please complete the highlighted area of the application. Once completed, take this form to **Fresno City Hall, located at Fresno and "P" Street**. Go to the **Human Resources Division** and give the form to the clerk at the front counter. Tell them that the Fresno Police Activities League sent you to get fingerprinted for volunteering for the Fresno Police Department PAL Unit.

If you have any questions, please feel free to contact the "Karen Kroske at 498-2508 or 341-4764

\*Please be on time to your appointment.  
If you are late, they may ask you to reschedule.

# Fresno PAL "Buddies" Mentor Program

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## MENTOR APPLICATION

Name: \_\_\_\_\_ Circle: M F

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Previous address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisors name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference: \_\_\_\_\_ Day time phone: \_\_\_\_\_

Reference: \_\_\_\_\_ Day time phone: \_\_\_\_\_

Reference: \_\_\_\_\_ Day time phone: \_\_\_\_\_

### Please select the type of mentor relationship you prefer:

- One-on-One - Mentor Program
- Lunch Buddy
- Tutor Buddy - Homework Center, Classroom Assistant
- Saturday Sport Buddy

School: \_\_\_\_\_ Work or Faith Affiliation: \_\_\_\_\_

Why do you want to be a mentor?: \_\_\_\_\_

\_\_\_\_\_

Do you have any previous experience volunteering or working with youth ? : \_\_\_\_\_

\_\_\_\_\_

Please list hobbies, special skills or interests?: \_\_\_\_\_

\_\_\_\_\_

Would you prefer to be matched with a child from a specific:

Age range: \_\_\_\_\_ Ethnic background: \_\_\_\_\_

Other: \_\_\_\_\_

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## VOLUNTEER RELEASE

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Previous Names (if Applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone-Home: \_\_\_\_\_ Work: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

California Drivers License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Background Check:** I authorized the Fresno Police Department to conduct a background investigation; including a criminal records check and other information that may be of a confidential or privileged nature. I authorized the Police Department to use a copy or facsimile of this form to be considered the same as the original for the purposes of the background investigation.

Check any that apply. I have been: (  ) Arrested (  ) Convicted of a felony (  ) Convicted of a misdemeanor

**Release of Liability:** I, the individual named above, hereby request permission to participate in the Fresno Police Department's Volunteer program. I understand that training and/or assignments may involve physical activities, which include a potential risk of personal injury and/or personal property damage; and I make this request with full knowledge of these risks. I certify that I am able to perform the assignment I am applying for, and will disclose any medical conditions which may affect my safety or ability to perform my duties. I agree to hold the City of Fresno, Fresno Citizen Corps Council and its directors, and their agents and personnel, harmless from any and all claims, actions, suits and/or injury that I may suffer which may arise as a result of my participation in the above mentioned program.

**At-Will Status:** I agree to follow the rules established by my supervisor(s), and to exercise reasonable care while participating in the volunteer program. I understand that if I fail to follow the rules/regulations or if I fail to exercise reasonable care, I can be administratively removed from the program. I am an at-will volunteer, without vested property rights in my position as a citizen volunteer and I may be released at any time without cause and without right of appeal.

**Photographs:** I authorize the use of any photograph taken in connection with my participation in the program without prior approval or compensation.

By executing this form, I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect satisfactorily answered. I sign this release freely and voluntarily.

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

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**PROOF OF INSURANCE**

Please provide verification of your auto insurance to insure you are covered while using your personal vehicle as a volunteer mentor for the Fresno Police Activities League.

NAME: \_\_\_\_\_

INSURER: \_\_\_\_\_

POLICY #: \_\_\_\_\_

POLICY TERM (Expiration Date): \_\_\_\_\_

Your signature certifies that the above information is true.

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
DATE