

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



## Financial Literacy Mentor / Instructor Application Form

Britepaths, Inc.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Office: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

1. **I am Applying to be a:** \_\_\_\_ Mentor \_\_\_\_ Instructor (*Check one or both*)

2. **Skills and Interest**

Education Background: \_\_\_\_\_

Professional designation, if any (CFP, CPA, JD, ChFC, CLU or other): \_\_\_\_\_

Professional **hourly** rate for paid services: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Current Employer and Location: \_\_\_\_\_

Hobbies, skills, interest: \_\_\_\_\_

Language skills: \_\_\_\_\_

3. **Preferences in Volunteering**

Is there a person or group with whom you **are particularly interested** in working?  
Please check all that apply:

Adults \_\_\_\_\_

Males \_\_\_\_\_

Females \_\_\_\_\_

Seniors \_\_\_\_\_

People with Disabilities \_\_\_\_\_

No preference \_\_\_\_\_

Other \_\_\_\_\_

Are there any groups with which you would **not** feel comfortable working with?

Please list: \_\_\_\_\_

**4. Availability** please put an X when you prefer to meet with your client or teach classes

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Britepaths considers time spent preparing for classes, traveling to locations, and researching for clients as volunteer time.

What areas are you willing to travel to for volunteering? \_\_\_\_\_

\_\_\_\_\_

**5. Background Verification**

Have you ever been convicted of a criminal offense or have you been under the supervision of the corrections system in the last seven years?

Yes \_\_\_\_\_

No \_\_\_\_\_

Have you ever been charged with abuse or assault?

Yes \_\_\_\_\_

No \_\_\_\_\_

Has your driver's license ever been suspended or revoked in any state?

Yes \_\_\_\_\_

No \_\_\_\_\_

Do you use illegal drugs?

Yes \_\_\_\_\_

No \_\_\_\_\_

Do you have any physical limitations or are you under any course of treatment, which might limit your ability to perform certain types of work?

Yes \_\_\_\_\_

No \_\_\_\_\_

Do you have any medical situations of which you want others to be aware in case of an emergency?

Yes \_\_\_\_\_

No \_\_\_\_\_

Other than the above, is there any fact or circumstance involving you or your background that would limit your ability to work effectively with persons of limited resources or on welfare?

Yes \_\_\_\_\_

No \_\_\_\_\_

Note: Britepaths requests a CRIMINAL HISTORY RECORD search from the Department of State Police in the State of Virginia for all Mentor volunteer applicants.

## 6. References

Please list 3 non-family references that we might contact:

I. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

II. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

III. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that the above information is true and accurate and that I authorize representatives from Britepaths to verify the information included on this application. I also agree to keep confidential information I receive from clients and other mentors.

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

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