



Program Mentor/Volunteer Application

Main Office
35 Park Place
Waterbury, CT 06702
203-756-4639
203-756-3638 FAX

ParkCentralWaterbury.org

***Tell us about yourself:**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____

Email: _____

Languages: Spoken: _____ Written: _____

Current Employer: _____ Position: _____

Colleges/Universities/Trade Schools Attended _____

Degree(s) and/or Certificate Programs Completed _____

***Availability:**

Park Central, Inc. is traditionally open Monday-Friday for afternoon & evening programs, and Saturdays for morning & afternoon programs throughout the school year, as well as open Monday-Friday during the summer, for full day camps.

Please list the times that you may be available each day:

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays

Based on your availability, how often are you looking to volunteer/mentor?

How long of a commitment are you willing to make? _____

***Interests:**

What age group do you prefer to work with? _____

What are some of your hobbies/what do you enjoy doing in your free time?

Who did you consider a mentor when you were a child, and why?

Special skills, talents, other areas of interest you would want to share with us?

***Experiences**

Are you a Waterbury Girls Club or Girls Inc. Alum? If so, during which years, and what programs did you attend?

Why do you want to volunteer/mentor at Park Central, Inc., and what do you hope to gain from this experience?

Do you have any previous experience volunteering or mentoring youth? If so, please specify.

***Emergency contact-** Please list below for us to notify in the event of an emergency.

By signing below, I attest to the truthfulness of all information listed on this application.

Signature

Date