



Everybody Wins!

Volunteer Informational Form

City of Pittsburgh Employees



Name:

Home Address:

Department:

Title:

Cell Phone:

Secondary Phone:

Would you like to alternate weeks with another volunteer? YES NO

If yes, please provide their email address (We can match you with another volunteer if you would like to alternate)

Clearances: Criminal Record Check, Child Abuse, and FBI Clearances are required for all volunteers. Have you received any of those clearances within the past year? YES NO

If yes, please provide copies during the application process. If No, your program coordinator will provide information on how to obtain these clearances.

Note: Any forms that do not have your Director's Signature will be deemed incomplete, and returned.

Director's signature

Date

Please select a location and time. Times may change slightly for the 2015-2016 school year

School	Days	Times
Pittsburgh King (North Side)	<input type="checkbox"/> Tuesdays <input type="checkbox"/> Thursdays	<input type="checkbox"/> 11:30 - 12:10 or <input type="checkbox"/> 12:30 - 1:05
Pittsburgh Phillips (South Side)	<input type="checkbox"/> Thursdays	<input type="checkbox"/> 11:50 - 12:30 or <input type="checkbox"/> 12:40 - 1: 20
Pittsburgh Weil (Hill District)	<input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays	<input type="checkbox"/> 12:45 - 1:30
Pittsburgh Faison (Homewood)	<input type="checkbox"/> Wednesdays	<input type="checkbox"/> 12:10 - 12:50 or <input type="checkbox"/> 1:00 - 1:40

Please select your match preferences by selecting one answer:

Student Gender:

- I would prefer to be matched with a student of the same gender.
- I am comfortable being matched with a student of the opposite gender.
- I have no preference.

Student Personality:

- I am comfortable working with a challenging student
- I would prefer to work with an easygoing student.
- I have no preference.

Special Needs:

- I am comfortable working with a student with special needs or a learning disability.
- I am not comfortable working with a student with special needs or a learning disability.
- I have no preference.

Please provide a short answer to the following questions:

1. Why do you want to be a volunteer reading mentor?
2. How do you think Everybody Wins will benefit a child?
3. In what ways have you had experiences interacting with children?
 I am a parent I am a mentor I am a relative I am a volunteer
4. How did you hear about this program (lunch and learn, email, intranet postings, word of mouth, poster, other)?

Please provide the names and contact information of two business references:

1.	Name:	Relationship:
	Phone Number:	Email Address:
2.	Name:	Relationship:
	Phone Number:	Email Address:

Demographic Information (optional)

Race (Check all that apply): White African American Latino/Hispanic
 Asian/Pacific Islander Other _____

Gender: Male Female Age: Select One

Education Level: Select One Area of Study: Type Degree/Program

Are you a Military Veteran? Yes No

Contact mentorpgh@pittsburghpa.gov or (412) 255-2705 with any questions.

Please return all forms attention: Mayor’s Mentor Initiative

Via email: mentorpgh@pittsburghpa.gov;

via inner office mail to: Personnel;

via fax to: (412) 255-4736

via regular mail to: 431 City County Building , 414 Grant Street, Pittsburgh PA 15219