



Date: _____

Financial Literacy Mentor/Coach and/or 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 ____ Coach ____ Instructor (*Check as many as you like*). *Note: all positions are needed throughout Northern Virginia.*

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: _____