



RoleModels "Every child needs one"
P.O. Box 32312 Charlotte, North Carolina 28232
Bus 980.322.6040 Fax (704)494-0080
www.rolemodelsuniversity.com email: rolemodels_is@yahoo.com

Name:(Full Name) _____ Gender: M ___ F ___
Today's Date: _____ Birth Date: _____ Social Security Number: _____
Driver License Number: _____ Cell Phone: _____ Home Phone: _____
Work Phone: _____ Email: _____
What is the best way to contact you? _____
Home Address: _____
Street Apt# City State Zip

Mailing Address (if different):

PO Box/Street City State Zip

References Please list three persons familiar with your character.

- >All must have known you for at least a year
- >At least one reference must be a work or school reference
- >At least one reference should be familiar with your home environment (This person may be a family member)

All information will be treated confidentially and will only be used in the application, enrollment and/or matching

Name	Address	City	State	Zip	Phone

Legal Record Please list any arrests, convictions and recent traffic violations.

Arrest/Violation Date	Charge	Disposition/ Result

Do you want to be a RoleModel to a young person? Complete if you would like to be a RoleModel (mentor) to a young person.

Mentoring Options (fill in the circle for all that apply)

Career-mentor (specify career field) _____

Counselor (specify area of counseling) _____

General mentor

Need a copy of background check (both civil and criminal)

As a RoleModel, what ages/gender would you like to become a mentor?

5 -10 ages (Elementary) 11– 15 ages (Middle School) 16– 19 ages (High School)

Boys Girls Both

Volunteering Options

Would you also like to actively volunteer? Yes No

Specify all interest areas for volunteering/specific events volunteering or with a particular school department.

Donations

How much would you like to donate to RoleModels University throughout your (1) to (5) years of volunteer service? (*Exemptions: disabled, retired, unemployed*)

\$ 5.00 (minimum) \$10.00 \$20.00 More, please specify amount _____

What will be the frequency of your donations?

Monthly Quarterly Annually

Method of payment

Automatic-Bank Draft (Please complete our online automobile bank draft)

(*Personal checks are unacceptable*)

Commitment and Release :

I will commit to RoleModels University for a minimum of one (1) to (5) five years. I understand and agree that I am required to make a financial donation to RoleModels University throughout my years of service on a monthly, quarterly, or annual basis of a minimum of \$5.00 or more. I understand that if I am disabled, retired, or currently unemployed; then I'm exempt from the donation requirement. I realize that if I choose to mentor a young person, then I will have the membership title, *RoleModel*, as a mentor to a young person in the RoleModels University. I realize that RoleModels University reserves the right to terminate my membership, and membership title and volunteer starts if I am convicted of a crime of misdemeanor/felony, with the exception of a speeding ticket, and RoleModels University reserves the right to withhold information regarding reasons of termination. I understand that I may not be accepted into the program and that RoleModels University reserves the right to withhold information regarding reasons for non-acceptance. I have read the above notification and understand and agree to its contents.

Please provide a copy of your resume. If you **do not** have a resume then complete the fields below.

EMPLOYMENT

CURRENT EMPLOYMENT	
START DATE	END DATE
COMPANY	TYPE OF BUSINESS
ADDRESS	PHONE / EMAIL
CITY	STATE / ZIP CODE
YOUR POSITION	YOUR MANAGER
REASON FOR LEAVING	JOB DESCRIPTION

PREVIOUS EMPLOYMENT	
START DATE	END DATE
COMPANY	TYPE OF BUSINESS
ADDRESS	PHONE / EMAIL
CITY	STATE / ZIP CODE
YOUR POSITION	YOUR MANAGER
REASON FOR LEAVING	JOB DESCRIPTION

PREVIOUS EMPLOYMENT	
START DATE	END DATE
COMPANY	TYPE OF BUSINESS
ADDRESS	PHONE / EMAIL
CITY	STATE / ZIP CODE
YOUR POSITION	YOUR MANAGER
REASON FOR LEAVING	JOB DESCRIPTION

EDUCATION

HIGHEST LEVEL OF EDUCATION		
SCHOOL / LOCATION	DATES ATTENDED	GRADUATED / DEGREE

Signature: _____ Date: _____

Please complete the online Justifacts form permitting a criminal background check

Application Check List

- Complete application in its entirety
 - Complete our online Automatic Bank Draft
 - Complete Justifacts Criminal Background form
 - Enclosed a check or money order for \$35 Application fee
-

Submit electronically or mail your complete application forms and make all checks/money order payable to:

RoleModels University
P.O. Box 32312
Charlotte, NC 28232