

D.I.V.A's APPLICATION

(Registration Fee is due with submission of application)

Personal:

Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: (if different from above) _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ - _____ Work Phone: () _____

Cell Phone: () _____ - _____ Fax Number () _____

Age: _____ D.O.B. ____/____/____ SSN: _____ - _____ - _____

Driver's License #: (if applicable) _____ Issuing State: _____

Expiration Date: ____/____/____

Name of Auto Insurance Co. _____

Auto Insurance Policy #: _____

Email Address: _____

Myspace Address: _____

Ethnic Group: (circle all that apply) Caucasian African American Hispanic Asian

Other (please explain) _____

Education:

Are you currently in school? Y N

If YES, please complete the following section.

Name of School: _____

Graduation Date (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: () _____ - _____

Do you regularly attend church? Yes or No If so, please fill out information below.

Name of church or place of worship _____

Address _____

City _____ State _____ Zip _____

Telephone number _____ Fax number _____

Number of years at church or place of worship _____

Pastor/Bishop/Clergy's name _____

List any professional, trade business or civic activities and offices held:

List any languages other than English that you can speak, read or write that could be a benefit to your mentorship:

	Fluent	Good	Fair
Speak			
Read			
Write			

Explain, if any, formal training that you've completed that relates to mentoring?	<hr/> <hr/> <hr/> <hr/>
Explain, if any, what skills or certification you possess relating to mentoring?	<hr/> <hr/> <hr/> <hr/>
If you are become a mentor what value would you add to the organization?	<hr/> <hr/> <hr/> <hr/>
Describe what you believe to be the most important thing regarding mentoring young ladies.	<hr/> <hr/> <hr/> <hr/>

If you become a mentor, can you provide proof of U.S. citizenship or proof of your legal rights Yes No to citizenship?

Sometimes driving is necessary, do you have reliable transportation? Yes No

Have you in the last 7 years been convicted of Driving Under the Influence “(DUI)”? Yes No

Driving While Intoxicated “(DWI)”? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain _____

Please read each statement closely and initial each acknowledging your understanding

Equal Opportunity Statement

_____ **D.I.V.A's** is committed to the principles of Equal Opportunity and is committed to make decisions based on morality. We are committed to complying with all Equal Opportunity laws. **D.I.V.A's** desires to maintain an environment that is free of sexual harassment and discrimination due to race, color, national origin, physical or mental disability, age or any other status protected by Equal Opportunity laws. **D.I.V.A's** will make reasonable efforts to accommodate those physical or mental limitations of a **D.I.T** unless undue hardship would result for the organization.

Discrimination and Sexual Harassment Statement

_____ **D.I.V.A's** will not tolerate any form of unlawful discrimination, including sexual harassment. Any mentor who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including membership being revoked. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes a sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's membership; (2) Submission to or action of such conduct by an individual is used as the basis for membership decisions or favors affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's performance or creating or intimidating, hostile or offensive environment.

Disclosure of Applicants Concerning Drug/Alcohol Testing

_____ If you become a mentor with **D.I.V.A's**, you will be given a drug/alcohol test as a condition for mentoring. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be eligible to mentor by this organization. **(You must have your drug testing completed with the submission of your application packet.)**

The collector of specimens or the medical professional who reviews the test results may or may not be a member of the organization but all test results will be kept confidential. The individual undergoing testing may or may not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative results are required as a condition for mentoring.

Complete and Accurate Information

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for membership and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure membership, shall be grounds for rejection of this application or for immediate discharge (with the refunding of fees) if I am a member, regardless of the time elapsed before discovery.

Testing Authorization

_____ If accepted as a membership with D.I.V.A's, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the organization as a condition for membership. Ex. CPR class, First Aid Class, etc...

Investigation Authorization

_____ I authorize investigation into all statements and references contained in this application. Said investigation may include driving, criminal background, references and other background checks. By applying for this membership, I also authorize post-member investigation into my driving and criminal background.

Organization Obligation

_____ I understand and agree that the Organizations acceptance of this membership application does not constitute that I'm automatically accepted into the organization. I also understand that the organization is under no obligation to accept me as a member as the result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF ACCEPTED INTO THE ORGANIZATION.

Signature

Date

D.I.V.A's

(Divine Intercession for Virtuous Adolescents)

Medical Release and Emergency Information

In Case of Emergency:

Contact's Name: _____

Phone #: () _____ - _____ Cell #: () _____ - _____ Relationship: _____

Contact's Name: _____

Phone #: () _____ - _____ Cell #: () _____ - _____ Relationship: _____

Medical Information:

Physician: _____ Hospital/Clinic: _____

Phone #: () _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Medication: _____

Allergies: _____

Physical Disabilities/Illness: _____

Mental Disabilities/Illness: _____

In case of illness or injury, please call this person first:

_____	_____	_____
Name	Phone number	Relationship

Second:

_____	_____	_____
Name	Phone number	Relationship

D.I.V.A's does NOT assume any financial responsibility but does wish to provide the best emergency service. By signing this card you are giving the appropriate personnel authority to call the EMS or obtain medical care if your emergency person cannot be reached.

Family Doctor _____ Phone _____

Preferred Hospital _____ Phone _____

Signature

Date

(Medical Release and Emergency Information continued)

I have the following conditions: (Write Yes or No)

_____ Convulsive Disorder	_____ HIV/AIDS	_____ Speech Problem
_____ Visual Problems	_____ Diabetes	Other _____
_____ Orthopedic Disability	_____ Hearing Problems	_____
_____ Asthma*	_____ Heart Problem	_____

* If you have Asthma, please inform the Program Coordinator for any type of special needs.

I am allergic to _____

What type of Reaction _____

Do you take medication on a regular basis Yes _____ No _____ If yes, explain:
