



**Mid Valley Mentors**  
3030 Center Street NE, Salem, OR 97301  
Phone | 503-584-4865 Fax | 503-585-4972  
Email: info@midvalleymentors.org

For MVM Office Use Only:  
Date Received: \_\_\_\_\_

### Volunteer Application

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Ph:(\_\_\_\_)\_\_\_\_\_ Cell Ph: (\_\_\_\_)\_\_\_\_\_ Work Ph: (\_\_\_\_)\_\_\_\_\_  
Preferred Method of Contact:  Email  Home Phone  Cell Phone  Work Phone  
Emergency Contact: Name/Relation \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_  
Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_\_  
Gender:  Male  Female  
Race:  Native American  Asian Pacific Islander  
 African American  Hispanic/Latino  
 Multicultural  Caucasian  
 Other \_\_\_\_\_  
Do you speak a second language? If so, what?  Spanish  Other \_\_\_\_\_

**How did you hear about our program?**

Community/Corporate Presentation  Company is involved in mentoring  
 Mentoring.org  Hands On/ United Way  
 Newspaper  Volunteer/ Career Fair  
 Television  Poster or Flyer  
 Radio  World of Mouth  
 Other \_\_\_\_\_

**I am interested in the following volunteer opportunities:**

Youth Mentoring  Adult Mentoring  Office/ Administrative  
 Committees  Board of Directors  Other \_\_\_\_\_