



MENTOR/VOLUNTEER APPLICATION

Name: _____ Date: _____
(last) (first) (middle)

Address: _____
(street address) (city) (state) (zip)

Phone: _____ Alternate Phone: _____

E-mail Address: _____ Social Security No.: _____

Position applied for: _____ Date you can start: _____

Referred by: _____

Have you submitted an application here before? When? _____

Have you sought treatment for, or been arrested for any offense involving alcohol or illegal drug use in the last two years? Yes / No

If yes, please explain: _____

Are you able to refrain from tobacco use during volunteer hours? Yes / No *NDTC strictly prohibits all tobacco use during working hours, and at anytime within sight of NDTC property.*

Have you ever been convicted of a criminal offense (not including traffic violations)? Yes / No

If yes, please list all convictions and an explanation. *Answering yes will not necessarily exclude you from consideration.* _____

Are you a Christian? Yes / No If yes, what church do you attend?

Name: _____ Address: _____

Pastor: _____

Please return form to: NDTC Volunteer Coordinator
1406 2nd Street NW, Mandan, North Dakota 58554
Office: (701) 667-2131 Fax: (701) 663-3494

North Dakota Teen Challenge

PASTORAL/LAY LEADER REFERENCE CHECK

The applicant listed below has requested employment/volunteer consideration with ND Teen Challenge. North Dakota Teen Challenge is a 13-month Christian residential rehabilitation program for teens and adults with chemical addiction problems. All staff members working directly with our students must be able to model a solid Christian lifestyle. We are especially interested in the applicant's ability to maintain professional boundaries with our students. Because of the nature of our program, and the large amount of responsibility given to our staff members, we are requesting your help by completing the following questions on this applicant in an objective manner. Thank you so much.

ALL ANSWERS WILL BE KEPT STRICTLY CONFIDENTIAL

Applicant: _____ How long have you known the applicant? _____

How do you know the applicant? _____

What are the applicant's strong points? _____

What are the applicant's weak points? _____

In your opinion, is the applicant suitable for working with vulnerable adults and adolescents? **Yes / No**

In your opinion, can the applicant maintain professional boundaries with students (consistent treatment, not displaying favoritism, submission to established procedures, etc)? **Yes / No / Unsure**

In your opinion, does the applicant have the spiritual maturity needed to effectively model a Christian lifestyle? **Yes / No / Unsure**

On a scale of 1 to 5, with 5 being the best and 1 the worst, please rate the applicant in the following areas:

___ **Cooperation** ___ **Initiative** ___ **Reliability** ___ **Maturity** ___ **Leadership** ___ **Assertiveness**

I ___ **recommend** ___ **recommend with reservations** ___ **do not recommend** this person to work at NDTC.

___ **I prefer to discuss this further on the phone.** Please give me a call at: _____

Name: _____ Title: _____

Organization: _____

Phone: _____

Signature: _____ Date: _____

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Fax: (701) 663-3494 Attn: Volunteer Coordinator