

# Portland Partners Re-entry Initiative (PPRI)

*Our mission is to help people successfully re-enter the Portland community after incarceration by increasing their access to employment, education and support services within a diverse, multicultural environment.*

## Volunteer Mentor Application

### Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: †Male †Female †Other \_\_\_\_\_

How did you hear about this opportunity? \_\_\_\_\_

### Employment Information

Are you currently employed?

Please provide employment information for your most recent employment:

Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your title: \_\_\_\_\_

### Volunteer Experience

<i>WHEN</i>	<i>WHERE</i>	<i>ROLE</i>
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### Education & Training

Institution	Location	Course of Study	Degree/certificate received & date



7. **If you are applying to be a one-to-one mentor**, are you available to meet with a participant once a week for at least 1 hour?

Is there anything else you'd like us to know?

**Availability**

Please tell us about your time commitments for work, travel, college, family and other volunteer positions.

**If you are applying to be a workshop or group mentoring facilitator or activity leader**, when are you available for sessions?

Weekday mornings	Weekday afternoons	Weekday evenings	Weekend mornings	Weekend afternoons	Weekend evenings

***By signing below, I attest that all information listed on this application is true and complete to the best of my knowledge.***

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return application to:  
Bre Grooms, Volunteer Coordinator  
Portland Partners Re-entry Initiative  
SE Works  
6927 SE Foster Rd.  
Portland, OR 97206

**Please call Bre Grooms at 971-634-2110 with questions or to set up an interview.**

**Portland Partners Re-entry Initiative  
Volunteer Mentor Application**

**Personal References**

Please list the names and phone numbers of three people you would like to use as character references (please choose people whom you have known for at least a year). Any information gathered from these references by the Portland Partners Re-entry Initiative will be held as confidential.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to contact: \_\_\_\_\_  
INCLUDE TIME ZONE OR STATE OF RESIDENCE

Email, if known: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known how long? \_\_\_\_\_

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Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to contact: \_\_\_\_\_  
INCLUDE TIME ZONE OR STATE OF RESIDENCE

Email, if known: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known how long? \_\_\_\_\_

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Email, if known: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known how long? \_\_\_\_\_

# Portland Partners Re-entry Initiative (PPRI)

## Information Release

I \_\_\_\_\_, understand it will be necessary for Portland Partners Re-entry Initiative (PPRI) to conduct a background check investigating my driving record, criminal history, personal references, volunteer experiences, and employment.

I authorize Portland Partners Re-entry Initiative to obtain any needed information regarding my **driving record, criminal history, personal references, volunteer experiences, and employment** from any state and federal agency, my employers and personal references for the purposes of participating in this mentoring program. Further, I provide permission for PPRI to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective participant to aid in determining a suitable match. Once a mentor/participant match is determined, my identity may be shared with the participant.

X \_\_\_\_\_  
Signature Date

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-  
\_\_\_\_\_

Current Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Please list any other cities, states, and dates of residency during the past 5 years.

\_\_\_\_\_  
City State From (m/year) To (m/year)

\_\_\_\_\_  
City State From (m/year) To (m/year)

\_\_\_\_\_  
City State From (m/year) To (m/year)