MENTOR / VOLUNTEER APPLICATION

Empower • Educate • Elevate

Thank you for your interest in supporting Y.E.A. Adult mentors and volunteers help students in grades 6-12 build business skills, financial knowledge, leadership, confidence, and professional habits. Placement is subject to program needs, screening, orientation, and approval.

1. Applicant Information

Full legal name _____	Preferred name _____
Street address _____	City / State / ZIP _____
Phone number _____	Email address _____
Employer / Organization (optional) _____	Occupation / Area of expertise _____
Age 18 or older? [ ] Yes [ ] No _____	Best contact: [ ] Call [ ] Text [ ] Email _____

2. Volunteer Role Interest

[ ] Youth business mentor

[ ] Classroom / activity volunteer

[ ] Financial literacy support

[ ] Marketing / branding mentor

[ ] Business plan / pitch coach

[ ] Youth CEO Expo volunteer

[ ] Guest speaker / workshop leader

[ ] Administrative / registration support

[ ] Event setup / hospitality

[ ] Transportation support (separate approval required)

[ ] Other: _____

Preferred student group: [ ] Grades 6-8 [ ] Grades 9-12 [ ] Either

3. Availability & Commitment

Availability	Days / Times	Notes
Weekly		
Twice monthly		
Occasional / Events		

4. Experience, Skills & Motivation

Why would you like to mentor or volunteer with Y.E.A.?

Describe your experience working with youth, schools, camps, clubs, mentoring programs, or community organizations.

What business, career, financial, creative, technical, or leadership skills would you like to share with students?

List relevant certifications, licenses, training, languages, or special skills (optional).

5. References

Please provide two adult references who are not immediate family members.

Name	Relationship	Phone	Email	Years Known

6. Emergency Contact

Name	Relationship	Phone Number

7. Applicant Certification

I certify that the information in this application is true and complete to the best of my knowledge. I understand that placement is based on program needs, screening results, qualifications, availability, orientation, and compliance with Y.E.A. policies. I authorize Y.E.A. to contact the references listed above.

Applicant Signature

Applicant Signature _____	Date _____
Printed Name _____	Y.E.A. Staff Initials _____

Application Checklist (Office Use)

[ ] Application complete

[ ] Orientation scheduled

[ ] References received / reviewed

[ ] Background screening initiated

8. Mentor / Volunteer Standards & Youth Safety Agreement

Initial each statement to confirm that you understand and agree to follow Y.E.A. expectations.

Initials	Agreement
____	I will treat youth, families, staff, volunteers, and guests with respect and professionalism.
____	I will maintain appropriate adult-youth boundaries and follow Y.E.A. supervision procedures.
____	I will not arrange private, unsupervised contact with a student outside authorized program activities.
____	I will use only Y.E.A.-approved communication methods when communicating with students and families.
____	I will not privately message, friend, follow, or connect with students through personal social-media accounts.
____	I will not photograph, record, post, or share student images or information without program authorization.
____	I will not transport students unless specifically approved for transportation duties and all required documents are on file.
____	I will not use or be impaired by alcohol, cannabis, illegal drugs, or misused medication while volunteering or during Y.E.A. activities.
____	I will protect confidential student and family information and share it only with authorized Y.E.A. personnel.
____	I will promptly report safety concerns, suspected abuse or neglect, boundary concerns, injuries, threats, or serious incidents according to Y.E.A. procedures and applicable law.
____	I understand that policy violations or safety concerns may result in immediate removal from volunteer duties.
____	I understand that Y.E.A. may require orientation, training, identification, sign-in/sign-out, and other role-specific requirements.

I acknowledge the standards above and agree to follow Y.E.A. youth-safety and volunteer procedures.

Signature	Date
_____	_____

BACKGROUND CHECK REQUIRED ACKNOWLEDGMENT

Youth Entrepreneur Academy (Y.E.A.)

IMPORTANT: This form acknowledges the Y.E.A. background-check requirement. It does not replace any separate disclosure, authorization, identity-verification, or consumer-reporting form required by the screening provider or applicable law. Do not write your Social Security number or other highly sensitive identity information on this packet.

Background Check Requirement

To help maintain a safe environment for youth participants, Y.E.A. requires designated adult mentors and volunteers to successfully complete required screening before serving in roles involving direct or unsupervised access to students.

Depending on the role and as permitted by applicable law, screening may include identity verification, criminal-history searches, sex-offender registry searches, reference checks, and a motor-vehicle record review when transportation or driving duties are involved.

Y.E.A. may require periodic re-screening or additional screening when a volunteer changes roles, assumes new responsibilities, or when program requirements change.

Please Initial Each Statement

Initials	Acknowledgment
____	I understand that completion of a required background check is a condition of serving in a covered Y.E.A. mentor or volunteer role.
____	I understand that I may not begin unsupervised or otherwise restricted youth-contact duties until Y.E.A. confirms that required screening is complete and I am approved for placement.
____	I understand that a screening provider may require separate disclosures, authorization forms, and secure identity-verification steps.
____	I understand that refusing or failing to complete required screening may make me ineligible for certain mentor or volunteer assignments.

Background Check Required Acknowledgment - Continued

Initials	Acknowledgment
____	I understand that completing a background check does not guarantee acceptance or continued placement as a Y.E.A. mentor or volunteer.
____	I agree to notify Y.E.A. promptly if information arises after approval that could materially affect my eligibility or ability to safely perform my volunteer responsibilities, consistent with applicable law and Y.E.A. policy.
____	I understand that Y.E.A. will limit access to screening information and handle it according to applicable privacy requirements and program procedures.

By signing below, I acknowledge that I have read and understand the Y.E.A. background-check requirement described in this packet.

Applicant Signature _____	Date _____
Printed Legal Name _____	Y.E.A. Staff Initials _____

Y.E.A. Office Use Only

Application received: _____	Reference review: [ ] Complete [ ] Pending
Screening initiated: _____	Screening status: [ ] Cleared [ ] Pending [ ] Not approved
Orientation completed: _____	Role approved: _____
Approved by: _____	Approval date: _____

Administrative note: Retain this acknowledgment according to Y.E.A. document-retention and privacy procedures. Any screening-provider disclosure/authorization documents should be handled separately and securely.