



**TEAM APPLICATION  
FAMILY PATHFINDERS MENTORING PROGRAM**

Name of Organization			
Address (Street and Number, City, State, and Zip Code)			County
Name of person representing organization <input type="checkbox"/> Mr. <input type="checkbox"/> Rev. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			
Work Number	Home Number	Cell Number	E-mail Address
Type of Organization	<input type="checkbox"/> Non-profit <input type="checkbox"/> Civic <input type="checkbox"/> Faith-based <input type="checkbox"/> Business	If faith-based, which denomination?	
Name of primary contact who will work with the family, if different from above <input type="checkbox"/> Mr. <input type="checkbox"/> Rev. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			
Address (Street and Number, City, State, and Zip Code)			County
Work Number	Home Number	Cell Number	E-mail Address
Alternate team leader name <input type="checkbox"/> Mr. <input type="checkbox"/> Rev. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			Alternate's Number
In what other types of community service have you or your group participated? <i>(Attach additional sheets, if necessary.)</i>			
<hr/> <hr/>			
Would you be able to work with non-English speaking families? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which language(s)? _____			
Family Pathfinders will make every effort to match your organization with a family near the address you entered as the organization address, unless you request otherwise.			
List 3 Zip codes in the vicinity of your team. _____			

The Family Pathfinders program is committed to the concept of equal opportunity. No volunteer shall be excluded from participation in the Family Pathfinders program based on race, color, national origin, religion, sex, or disability; nor should any volunteer in the program discriminate against any participating family member based on race, color, national origin, religion, sex, or disability.

Please understand that acceptance of any volunteer organization into the Family Pathfinders program does not constitute endorsement of the positions, beliefs, or opinions of the volunteer organization.

The volunteer organization should be aware that participating in the Family Pathfinders program may present certain risks to volunteers. This issue will be addressed at the volunteer training session(s), and all participating volunteers should remain mindful of these potential risks.

By signing this application, I agree to inform our participating volunteers of the policies and procedures of the Family Pathfinders program and to emphasize that all participating volunteers should comply with these policies and procedures. I agree on behalf of the organization to ensure that all participating volunteers attend required volunteer training provided by the program.

On behalf of the organization, I certify that all of our participating volunteers are of sound character and are fit to participate in the Family Pathfinders program. In addition, I also certify on behalf of the organization that, to the best of my knowledge and after appropriate inquiry, no participating volunteer has ever been convicted of a felony.

I understand that our participating volunteers may obtain sensitive personal information regarding participating family members and must keep all such information confidential, as stated in the confidentiality form each volunteer must sign.

I understand that my organization will be able to end the relationship with the family we sponsor at any time.

All the information on this application is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature—Representative of Applying Group

\_\_\_\_\_  
Date