



PlusONE Mentors Program

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SHASTA FAMILY YMCA

MENTOR APPLICATION

Part I: Mentor Info

Name _____ Birthday ___/___/___ Age: _____

Home Address: _____

City: _____ State: _____ Zip _____

Social Security Number: _____

Home Phone: _____ Business Phone: _____ Sex: _____

Cellular Phone: _____ E-mail: _____

Mailing Address (if different). _____

How long at your current address? _____

If fewer than five years, please list other addresses for the previous five years:

Driver's license Number: _____ State issued: _____ Class: _____

***Please attach a copy of your insurance policy with this application.**

Occupation: _____ Length of employment: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

If fewer than five years on the job list other employers and their address: _____

Part II: Recruitment

How did you hear about the PlusONE Mentors Program?

NVCSS CFS Adoption Wraparound Media Presentation Display

YMCA Newsletter Other _____

Have you ever been a mentor? _____ If so, where and for how long: _____

What other youth organization(s) are you currently involved in or have been in the past?

Part III: Leisure Preferences

To help us match you with a youth in our program we would like to know a little about your interests. Which of these activities do you enjoy?

1. Do you like sports? Yes ____ No ____ If yes, which sports do you like? _____

2. What other outdoor activities do you like? _____

3. List any games you like: _____

4. What are your hobbies? _____

5. Do you like Arts and Crafts? _____

6. Do you have an interest in computers or other technology? _____

7. Do you have any physical limitations? (If so, please describe) _____

Part IV: Family History

Status (circle one): Married Single Divorced Widowed Domestic Partner

Number of children (please include age & sex): _____

Part V: Preferences

To help us match you with a youth in our program, we would like to know a little about any preferences you may have:

1) Are there some types of children or youth whom you would prefer to mentor - or for whom you feel you would be a particularly successful mentor? (For example, someone who is shy, someone who has trouble managing his or her anger, someone who loves to draw, someone who loves sports, someone with a learning disability.) _____

2) Are some types of children or youth with whom you might have difficulty or would prefer not to mentor? _____

3) What kind of support and assistance can the program offer that will be most helpful to you?

Part VI: Legal History

Have you ever been convicted of a crime? Yes _____ No _____

If yes please list dates and charges of which you were convicted. _____

Do you currently have any criminal charges pending against you? Yes _____ No _____

If yes please describe criminal charges: _____

Please describe any past legal issues: _____

Part VII: Personal References

Please list the names, addresses, and phone numbers of four people you want to use as references. They must be people who have known you for at least one year.

Family Member: _____

Co-worker: _____

Friend: _____

Any: _____

GROUND RULES FOR PROGRAM PARTICIPATION

Mentor/volunteer

1. I understand that seeing my Mentee consistently is one of the most important things I can do as a Mentor. Therefore, I will spend at least one hour per week for one year with my mentee.
2. I understand that the relationship between my Mentee and me is primarily a one-on-one relationship. Therefore, I will not include other people on the majority of our outings.
3. I understand that I will learn personal information about my Mentee and family members, which I will keep confidential, with the exception of mandatory reporting issues.
4. I will not arrange overnight stays with my Mentee, unless they are agency-sponsored activities, such as campouts, raft trips, etc.
5. I will inform the parent/guardian of the activity plans and obtain his/her approval.
6. I will not engage in activities that exemplify negative behavior, such as speeding, not using my seat belts, and consuming alcohol or drugs during my visits with my Mentee.
7. I will not buy expensive gifts for my Mentee. When in doubt, I will check with the program staff.
8. I will maintain regular contact with the agency staff by responding to calls and letters.
9. I will follow agency policies and procedures for "boundaries."
10. I understand that if I do not maintain regular contact with the staff, my match relationship may be reassessed.
11. I understand that if a problem arises with my match relationship and/or my Mentee parent/guardian, I will contact the program staff immediately.
12. If my place of employment, residence, or telephone number changes, I will notify the agency's staff immediately.
13. I understand that I will be personally interviewed by the agency's staff. Therefore, the agency staff has the legal right to accept, reject, or terminate candidates at their discretion.
14. I understand the importance of properly ending a match relationship. Therefore, I will actively participate in the termination procedure through the closure process.

Please sign Consent form on the next page.

CONSENT FORM

I, _____, hereby authorize the Shasta Family YMCA PlusONE Mentors Program to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state, or federal laws. This information will include, but is not limited to, allegations regarding and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state or any state or federal government or court records.

I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency. I further understand that until the PlusONE Mentors Program receives notification from that agency clearing me, my application will be deferred.

I understand that PlusONE Mentors will check my Department of Motor Vehicle records.

I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed on the application, I have not been found guilty of, or entered a plea of *nolo contendere* or guilty to any offense. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency under the juvenile laws of this state or any other state.

I further attest that I have not been judicially determined to have committed abuse or neglect of a child; nor do I have a confirmed report of child abuse or neglect or exploitation which has been uncontested or upheld administratively under the laws of this or any other state.

I understand that the PlusONE Mentors Program has the legal right to accept, reject, or terminate candidates at its discretion.

Application Checklist—I have included the following information:

- A copy of my auto insurance policy
- My driver's license number and Date of Birth
- I have read and agree to the Ground Rules of Program Participation

Signature of the Applicant

Date

Full Name of the Applicant: _____

Date of Birth: _____ **Sex:** _____ **Ethnicity:** _____

SS#: _____ **Drivers License No:** _____

State of Issue: _____ **Date of Expiration:** _____