

GUILFORD YOUTH MENTORING PROGRAM

MENTOR AGREEMENT

I _____, agree to serve as a mentor for the Guilford Youth Mentoring Program. As a volunteer mentor I agree to:

- Attend a mentor orientation and training session prior to being matched with a student/mentee;
- Arrive on time for all meetings scheduled with my student/mentee;
- Keep conversations with my mentee confidential, except when confronted with issues that involve the safety/health/welfare of the mentee or others;
- Engage in the relationship with an open mind;
- Request support from the mentor program coordinator and/or school staff, when necessary;
- Meet with the mentee on school grounds in designated areas at all times unless the appropriate approval is granted by the program staff;
- Refrain from ever driving my mentee in my car or other vehicle in order to avoid any mentor program liability;
- Inform mentor program coordinator of any changes in my employment, address, phone number, and personal status as deemed appropriate;
- Accept support from the mentor program coordinator and school staff.

I agree that I shall hold all information regarding the student/mentee assigned to me in the Guilford Youth Mentoring Program in a confidential manner.

I accept full responsibility for maintaining the confidentiality and private nature of records and information shared with me and that I might have access to as a result of my role as a mentor and volunteer.

We do a criminal background check and DCF search on all our volunteers. There is a cost to running this check and we ask that you make a \$40 donation (check made out to Guilford Youth Mentoring) to cover the expense. (We are a non-profit 501(c)(3) organization that relies on financial support from our community.) If this donation causes a financial hardship, Guilford Youth Mentoring will cover the background check fee and this will in no way hinder your becoming a mentor. Please complete the DCF authorization release form and return to our office at Guilford Youth Mentoring, 605 New England Road, Guilford, CT 06437.

I hereby fully release, discharge, indemnify and hold harmless the Guilford Youth Mentoring Program, Guilford Public Schools, participating organizations and all of the foregoing's employees, officers, directors, coordinators, Board members and agents from any and all liability, claims, causes of action, costs and expenses which may be or may at any time hereafter become attributable to my participation in the Guilford Youth Mentoring Program.

Signature

Date



Authorization for Release of Information for DCF CPS Search

DCF-3031
12/15 (Revised)

I, _____ do hereby authorize the Department of Children and Families to research

its records to determine whether or not I am on the central registry of persons responsible for child abuse and neglect I understand that this information may be used to determine my suitability solely for (check one): Employment Day Care Volunteer Intern Mentor Other

By: Agency Name / Attention: Guilford Youth Mentoring
Address/City / State / Agency: 605 New England Road
Zip Code Address: Guilford
City:

State: CT Zip Code: 06437

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Dept. of Children and Families in their search.

PLEASE TYPE OR PRINT LEGIBLY / LEAVE NO BLANK SPACES

Name: _____ Date of Birth: _____
 Last, First Middle
 Address: _____ Social Security #: _____
 Street (No P.O. Boxes) Apartment No.
 How Long at Current Address: Yrs. Mos.
 City State Zip Code

Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary)						<input type="checkbox"/> Check if reverse side used	
Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	Dates		
					From (Month/Yr.)	To (Month/Yr.)	

Other Names I have Used – Including Maiden, Previous Marriages(s)			<input type="checkbox"/> Check if reverse side used
Last	First	Middle	

Name of Spouses/Other Adults in the Home – Past and Present					<input type="checkbox"/> Check if reverse side used
Last	First	Middle	D.O.B. Month/Day/Year	Signature/Date (If Still in the Home)	

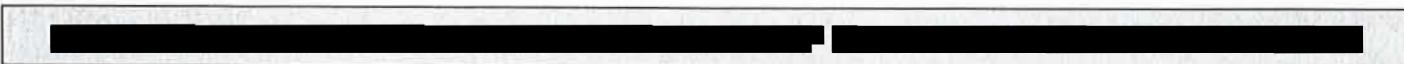
Names of ALL Child(ren) – Biological, Stepchildren Including Adult Children In or Out of the Home						<input type="checkbox"/> Check if reverse side used
Last	First	Middle	Gender	D.O.B. (Month/Day/Year)		

Do you have an active DCF investigation at this time? Yes No
Do you have an active appeal of a DCF investigation at this time? Yes No

Date: _____ Applicant Signature: _____

THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. FORMS NOT FILLED OUT COMPLETELY AND PRINTED CLEARLY WILL BE RETURNED. DO NOT LEAVE ANY BLANK SPACES. PLEASE SPECIFY WITH N/A IF NOT APPLICABLE.

****DCF Conducts a Search of the CT Registry ONLY*** The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF



DCF-CT Careline CPS-BGC USE ONLY DO NOT WRITE BELOW THIS LINE

DATE: _____ Central Registry: YES ___ NO ___ Processor's Initials: _____