



PROCESS FOR BECOMING A MENTOR:

- Complete **application** and return to coordinator.
- **Mentor Background Check** – our office will conduct a screening which includes a criminal records search, a social security trace and CT DCF check. Mentor applicants include a check in the amount of **\$40 payable to Guilford Youth Mentoring** as a donation
- to cover cost of screening (this is not to be a deterrent to applying. If this is difficult, please let us know).
- **Individual interview** with coordinator to discuss program and particular areas of interest/establish basis for match
- 1.5 hour **New Mentor Orientation** with program staff and experienced mentors

- Process of matching with student –
 - Nomination by teacher, guidance counselor, social worker, parent or self-referral
 - Discussion with student regarding participation
 - Formal letter to parent inviting student to participate with written permission slip to be signed
 - Initial match – observe 4-6 weeks
 - If initial match positive, continue throughout school year and hopefully beyond

- Twice yearly **review meetings** in each school with other mentors to discuss common developmental issues, how to handle sticky situations, upcoming events, etc. This is an opportunity to meet with other mentors, program staff, and the school Social Worker to discuss any questions, thoughts or concerns that may arise.
- **Ongoing consultation with coordinator & school staff**

ENJOY THE RELATIONSHIP!

**GUILFORD YOUTH MENTORING PROGRAM
VOLUNTEER APPLICATION**

Personal Information:

Name _____ Date _____

Address _____ City/State/Zip _____

Home phone _____ Work phone _____ E-Mail _____

Cell phone _____ Fax number _____ Birthday _____

Best time to reach you? _____ AM/PM May we call you at work? Yes No

How did you hear about us? _____

Are you a member of any civic, social, or professional organizations? Please list: _____

Employment Information:

(If Retired, please note your last occupation)

Job Title _____ Company/Organization _____

Address _____ City/State/Zip _____

Dates worked there _____

Educational Information:

Years of education: 9 10 11 12 Post high school degree: college graduate doctoral

Type of degree(s) earned _____

References:

Please list the names, addresses and phone numbers of two personal and one professional reference who you have known for at least two years. The personal references should not be family members. Please notify these individuals to expect written or verbal contact by the Guilford Youth Mentoring Program. Please print clearly and neatly.

** EMAIL ADDRESS PREFERRED **

Name _____ Relationship _____

Address _____ City/State/Zip _____

Day Phone _____ **Email Address _____

Name _____ Relationship _____

Address _____ City/State/Zip _____

Day Phone _____ **Email Address _____

Name _____ Relationship _____

Address _____ City/State/Zip _____

Day Phone _____ **Email Address _____

GUILFORD YOUTH MENTORING PROGRAM

MATCHING FORM

NAME _____ DATE _____

Making the right match is important and the information you provide here will help us to match you with a mentee. Please be certain to fill out the form completely and check as many boxes as are appropriate for you. There is no guarantee that you will be placed with a child who meets all of the characteristics of your choice; the matching process will include a conversation about your potential mentee. You are not obligated to say yes.

Please take some time to consider carefully. Sometimes we run into a situation that is too far outside our comfort zone for a variety of reasons. This is a volunteer position, and there are no wrong answers.

I think I would be satisfied and best suited to work with a child with:

| | Yes | No | Makes No Difference |
|--|-----|-----|------------------------|
| Someone with a physical problem or disability | ___ | ___ | ___ |
| Someone who may have emotional disability | ___ | ___ | ___ |
| Someone who may have a learning disability | ___ | ___ | ___ |
| Someone who is doing reasonably well in school | ___ | ___ | ___ |
| Someone who is an introvert | ___ | ___ | ___ |
| Someone who is an extrovert | ___ | ___ | ___ |

Someone who has an interest in one of the following:

___ Math ___ English ___ History ___ Reading ___ Computers ___ Music ___ Other

Grade Level: _____ Elementary _____ Middle School _____ High School

Do you have children currently attending Guilford Public Schools? _____

If you answered yes to the above, please indicate name of school(s) and grade(s)

We would like to avoid matching you with a mentee with whom you might have particular difficulty due to their circumstances. It is okay for you to have reservations and your choice does not affect your standing in the program.

Please indicate below if you would consider being matched with a child who might be or has been:

| | | |
|---|---------|--------|
| A drug user/alcoholic | ___ Yes | ___ No |
| A child who has been sexually molested | ___ Yes | ___ No |
| A child involved with criminal justice system | ___ Yes | ___ No |
| A child who has been physically abused | ___ Yes | ___ No |
| A child who identifies as transgender | ___ Yes | ___ No |

Mentor Preference Form

Activities and Interests

How do you spend your leisure time?

Do you consider yourself more of an indoor/outdoor person? What about during cold weather?

Do you enjoy sports? Playing/Watching - If so, please name your top interests

Do you enjoy art? What media?

What do you like to do outdoors?

What do you like to do indoors?

Some ideas:

Models, woodworking, tinkering, taking things apart, electronics, cars

arts and crafts, board games, playing cards, computers, video games

sewing, knitting, crocheting, beading

museums, collecting, television, music, movies, plays, dancing, painting, photography

cooking, nature, animals, gardening

travel, bike riding, horses, camping, fishing, hiking, hunting, picnics

math, foreign languages, writing, science, history, reading

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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

| | |
|---|---|
| <p>I, (Applicant Name): _____ do hereby authorize the Department of Children and Families to research its records to determine whether or not I am on the <i>me</i> 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):</p> <p> <input type="checkbox"/> Employment <input type="checkbox"/> Day Care <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other: _____ </p> | <p><i>(This area for DCF Use only)</i></p> <p>Date Processed: _____</p> <p>Central Registry: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Processor's Initials: _____</p> |
|---|---|

| | | | |
|--|------------------|--------------|------------|
| Name of Agency (<i>requesting background check</i>): _____ | Attention: _____ | | |
| Address: (No. and Street): _____ | City: _____ | State: _____ | Zip: _____ |

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 Department of Children and Families in their search.

| | | | | |
|---------------------|-----------------------|---------|------|-----|
| Applicant Last Name | Applicant First Name: | Middle: | DOB: | SS: |
|---------------------|-----------------------|---------|------|-----|

| | | | | | |
|--------------------------------------|--------------|-------|--------|------|---|
| Applicant Address: (No. and Street): | Apartment #: | City: | State: | Zip: | Years at current address?" Years Months |
|--------------------------------------|--------------|-------|--------|------|---|

List All Previous Applicant Address(es) for the Last Five Years Check if an additional sheet is necessary, and attached

| Address: (No. and Street): | Apartment #: | City: | State: | Zip: | Dates From: | Dates To: |
|----------------------------|--------------|-------|--------|------|-----------------------|---------------|
| | | | | | Month Ye ar | Month Year |
| | | | | | | |
| | | | | | | |

Other Names I have Used – Including Maiden, Previous Marriages(s) Check if an additional sheet is necessary and attached

| | | | | |
|-----------|-------------|---------|------|-----|
| Last Name | First Name: | Middle: | DOB: | SS: |
| | | | | |
| | | | | |
| | | | | |

Name of Spouses/Other Adults in the Home – Past and Present Check if an additional sheet is necessary and attached

| | | | | | |
|-----------|-------------|---------|------|----------------------------------|-------|
| Last Name | First Name: | Middle: | DOB: | Signature (if still in the home) | Date: |
| | | | | | |
| | | | | | |
| | | | | | |

Names of ALL Child(ren) – Biological, Stepchildren, Including Adult Children In or Out of the Home Check if an additional sheet is necessary and attached

| | | | | |
|-----------|-------------|---------|------|---------|
| Last Name | First Name: | Middle: | DOB: | Gender: |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | | | |
|--|-------------|--|--|
| Do you have an active DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you have an active appeal of a DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Applicant Signature: _____ | Date: _____ | | |