

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