



**REFERENCE SHEET**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place a **X** in the line next to all that describes yourself, you race, or ethnicity. Are you.....

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Black or African American

\_\_\_\_\_ White, not Hispanic

\_\_\_\_\_ Asian/Pacific Islander

\_\_\_\_\_ Other

Place a **X** in the line next to all the describes where or how you heard about the Building Bridges Mentoring Program. Please check all that apply:

\_\_\_\_\_ Walk-in \_\_\_\_\_ Newspaper \_\_\_\_\_ Posted Flyer (where: \_\_\_\_\_)

\_\_\_\_\_ Friend \_\_\_\_\_ were you referred. If so, by who name or company: \_\_\_\_\_

BBMP Support Staff:

Joelene Hoskie, BBMP Case Manager  
505-262-6559 (office), or 505-262-2481 (main line)  
joelene.hoskie@ihs.gov



## BUILDING BRIDGES MENTORING PROGRAM

### Mentor Job Description

The Building Bridges Mentoring Program of Albuquerque helps to empower Native American youth in our community to make positive life choices that enable them to maximize their potential. The Building Bridges Mentoring Program uses adult volunteers to commit to supporting, guiding, and being a friend to a young person for a period of at least one year. By becoming part of the social network of adults and community members who care about the youth, Mentors help youth develop and reach positive academic, career, and personal goals.

#### **Mentor Role**

- Take the lead in supporting a young person through an ongoing, one-to-one relationship
- Serve as a positive role model and friend
- Build the relationship by planning and participating in activities together
- Strive for mutual respect
- Build self-esteem and motivation
- Help set goals and work toward accomplishing them

#### **Time Commitment**

- Make a one-year commitment
- Spend a minimum of four hours per month one-to-one with Mentee (Youth)
- Communicate with the Mentee (Youth) once a week
- Attend an initial Mentor Orientation Training session, Mentor Stage II Training, and intermittent training sessions during each year of participation in the program
- Attend Mentor (Adult)/Mentee (Youth) group events which may include program recognition
- Make weekly contact with program staff
- Meet monthly with Mentee and program Staff

#### **Participation Requirements**

- Be at least 18 years old
- Reside in the Albuquerque metro area
- Be interested in working with young people
- Be willing to adhere to all program policies and procedures
- Be willing to complete the application and screening process
- Be dependable and consistent in meeting the time commitments
- Attend mentor training sessions as prescribed
- Be willing to communicate regularly with program staff, submit activity information, and take constructive feedback regarding mentoring activities
- Have access to an automobile, auto insurance, and a good driving record
- Have a clean criminal history
- Not use illicit drugs

- Not use alcohol or controlled substances
- Not be currently in treatment for substance abuse and have a non-addictive period of at least five years
- Not be currently in treatment for a mental disorder or hospitalized for such in the past three years

**Desirable Qualities**

- Willing listener
- Encouraging and supportive
- Patient and flexible
- Tolerant and respectful of individual differences

**Benefits**

- Personal fulfillment through contribution to community and individual
- Satisfaction in helping someone mature, progress, and achieve goals
- Training sessions and group activities
- Participation in a mentor support group
- Mileage and expenses are tax deductible
- Personal ongoing support, supervision to help the match succeed
- Mentee(Youth)/Mentor(Adult) group activities, complimentary tickets to community events, participant recognition events

For more information, contact the Building Bridges Mentoring Program/ First Nations Community Health Source at (505) 262-6559 or 6539

# BUILDING BRIDGES MENTORING PROGRAM

*First Nations Community Health Source*

## Mentor Contract

Name: \_\_\_\_\_

Date: \_\_\_\_\_

By choosing to participate in the Building Bridges Mentoring Program, I agree to:

- Follow all rules and guidelines as outlined by the program manager, mentor training, program policies, and this contract
- Be flexible and provide the necessary support and advice to help my mentee succeed
- Make a one-year commitment to being matched with my mentee
- Meet at least eight hours per month with my mentee
- Make at least weekly contact with my mentee
- Obtain parent/guardian permission for all meeting times at least three days in advance, if possible
- Be on time for scheduled meetings or call my mentee at least 24 hours beforehand if I am unable to make a meeting
- Submit monthly meeting times and activities to the program manager, and regularly and openly communicate with the program manager as requested
- Inform the program manager of any difficulties or areas of concern that may arise in the relationship
- Keep any information that my mentee tells me confidential except as may cause him or others harm
- Always obey traffic laws when in the presence of my mentee and keep a copy of his/her health insurance coverage in the automobile at all times when traveling together
- Never be in the presence of my mentee when I have or am consuming alcohol, tobacco, or controlled substances
- Participate in a closure process when that time comes
- Notify the program manager if I have any changes in address, phone number, or employment status
- Attend in-service mentor training sessions twice per year

\_\_\_\_\_ (please initial) I understand that upon match closure, future contact with my mentee is beyond the scope of the Building Bridges Mentoring Program and may happen only by the mutual consensus of the mentor, the mentee, and parent/guardian.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program manager at this time or in the future.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## Frequently Asked Questions

### 1. **How are students selected for this program at their school?**

Most of the students hear about the opportunity through a presentation given by the Building Bridges Mentoring Program (BBMP) Staff. Some students are referred by teachers or counselors. All interested students are invited to apply.

**Students are not offered any incentive to sign-up for the program.**

Students must complete an application, return parent authorization forms, and be interviewed before being selected for the program. BBMP has learned that if a student does not want a mentor, the relationship does not work.

### 2. **If I sign up to become a mentor and follow through with all of the necessary requirements, does that guarantee that I will get matched with a student?**

No. After interviewing and reviewing your application, we may determine that our program does not have a match for you. Staff decisions of this kind in no way reflect upon the personal qualifications of prospective volunteers.

### 3. **How much money am I required to spend on my student?**

Mentors are not expected to support their student financially. However, many of the students come from lower socio-economic backgrounds and will not be able to participate in many of the social and leisure activities that you may want to share with them. BBMP recommends that mentors use their best judgment in selecting activities that cost money.

### 4. **Can I involve my student in my family activities or outings?**

Yes, as long as you are present. If your student is comfortable with this idea, it can be an educational and enlightening experience for a student to observe how other families interact and spend time together.

### 5. **What is my role regarding the parents?**

Parents must sign authorization forms allowing their child to participate in the Mentoring Program. You are encouraged to meet your student's parent/guardian as soon as possible. BBMP Case/Program will provide opportunities for you to meet your child's parent before and after you are matched.

### 6. **I travel occasionally with my job and always take an annual summer vacation. Can I still be a mentor?**

Yes. As long as during your absence you are sure to contact your student, you can still be a mentor. Mentors can contact their student in a variety of ways – through mail, email, telegram, fax, and of course, the telephone.

- 7. What if something life-altering occurs in my life such as a job transfer, pregnancy, health issue, marriage, etc. that interferes with my ability to continue mentoring my student?**

Mentors and students agree to a No Fault Conclusion whereby either party has the option of discontinuing the relationship for any reason, if it seems appropriate. He or she will discuss this decision with their Site Coordinator before terminating the relationship.

- 8. What if my student shares confidential information with me that I feel unprepared to handle on my own?**

Mentors must share this information with their Site Coordinator or SIB staff person immediately. Mentors are not expected to take on the role of parent, counselor, or social worker. The Site Coordinator will advise the mentor on how to proceed.



## BUILDING BRIDGES MENTORING PROGRAM

### Mentor Application

#### Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell /Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: *Male* \_\_\_ *Female* \_\_\_ Driver License/ID. #: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Sec. # \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Tribe/Pueblo: \_\_\_\_\_

Best Way to be contacted?  Phone  E-mail  Mail

Best Time to Contact?  Morning  Afternoon  Evening

#### Employment History

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

**Please list the names, addresses, and phone numbers of two (2) people you would like to use as character references (only people you have known for at least a year). Any information Building Bridges Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.**

**Personal** Reference Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

**Professional** Reference Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

**Please read this carefully before signing:**

*Please initial each of the following:*

\_\_\_\_\_ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ I understand that Building Bridges Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_ **(Optional)** I agree to allow Building Bridges Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following **completed** items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Disclosure/Information Release Form (Contractor: Information Resources)
- Provide One (1) **Personal** Reference and One (1) **Professional** Reference

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## BUILDING BRIDGES MENTORING PROGRAM

### Mentor Information Release

(To Be Completed By Applicant)

I, \_\_\_\_\_, understand it will be necessary for Building Bridges Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize First Nations Community Health Source to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for Building Bridges to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about me will be anonymously (without my name) shared with a prospective Mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a Mentor/Mentee match is determined, my identity and any other information known about me may be shared with the Mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

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Please list any other cities, states, and dates of residency during the past 7 years.

_____	_____	_____	_____
City		State	From (m/year)
To (m/year)			

_____	_____	_____	_____
City		State	From (m/year)
To (m/year)			

_____	_____	_____	_____
City		State	From (m/year)
To (m/year)			

_____	_____	_____	_____
City		State	From (m/year)
To (m/year)			



## Building Bridges Mentoring Program

### Mentor Interest Survey (To Be Completed By Applicant)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete all the following. This survey will help Building Bridges Mentoring Program know more about you and your interests and help us find a good match for you.

Are you interested in Mentoring:  Community Based  School Based  Both

What are the most convenient times for you to meet with your mentee?

**Please check all that apply.**

Weekdays: \_\_\_\_\_ Lunchtime: \_\_\_\_\_ After School: \_\_\_\_\_  
 Evenings: \_\_\_\_\_ Weekends: \_\_\_\_\_ Other: \_\_\_\_\_

Please indicate age group(s) and/or you are interested in working with:

- Pre-School (Age 4-5)  Middle School (Age 11-14)  
 Elementary (Age 5-11)  High School (Age 14-18)

Ethnicity of Child:  Native Tribe/Pueblo: \_\_\_\_\_  Hispanic/Mexican  
 African-American  Asian  
 Other \_\_\_\_\_

Do you speak any languages other than English? If so, which languages?

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with: \_\_\_\_\_

Please check all activities you are interested in:

<input type="checkbox"/>	Biking or Hiking	<input type="checkbox"/>	Cultural Activities	<input type="checkbox"/>	Youth Clubs	<input type="checkbox"/>	Native Language	<input type="checkbox"/>	Library or Reading
<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Church
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Bowling	<input type="checkbox"/>	Games	<input type="checkbox"/>	Skating

What are some favorite things you like to do with youth?

What are your favorite subjects to read about?

What is your job and how did you choose this field?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday:

List any other areas of strong interest:



## Building Bridges Mentoring Program

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5608 Zuni Rd. Se, Albuquerque, New Mexico 87108 505-262-6559 or 505-262-6539

### Photo Release Form

I, \_\_\_\_\_ hereby authorize the Building Bridges Mentoring Program and First Nations Community Healthsource to use, reproduce, and /or publish all visual materials, including photographs that may pertain to me . I understand that this material may be used in various publications for the program (ex. Publicity, brochures, illustration, advertising, Web site and recruitment) or for other related endeavors.

This authorization is continuous and may only be withdrawn at my written or verbal request. I have read and understand the above:

\_\_\_\_\_  
Mentor Name:

\_\_\_\_\_  
Mentor Signature:

\_\_\_\_\_  
Date:

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_, \_\_\_\_\_

Phone Number: (Home) (\_\_\_\_\_) \_\_\_\_\_

(Cell) (\_\_\_\_\_) \_\_\_\_\_

Organization: **Building Bridges Mentoring Program**

Please return to : Building Bridges Mentoring Program, 5608 Zuni Rd. Se, Albuquerque, NM 87108



**BUILDING BRIDGES MENTORING PROGRAM**

**Mentor Interview**

(To Be Completed By Staff)

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

I need to ask a number of questions about you that will help in matching you with a mentee. Some of the questions are personal, so this interview is confidential. However, I am required to report anything that indicates you have done or may do harm to yourself or others. Some information, like personal qualities and what you would like to do with a mentee or things you are interested in may be shared with a prospective mentee and/or their parents. Do you understand?

1. Why do you want to become a mentor?
2. Why do you think you can help a youth by mentoring? (if not answered in question #1)
3. What do you think are your strengths?
4. How about your weaknesses?
5. What type of child would you like to be matched with?
6. Will you be able to fulfill the commitments of the program –four hours per month with weekly contact for one year?
7. What was your own childhood like?
8. Have you ever abused or molested a youth?
9. Have you ever been arrested? If so, when and for what?

10. Do you currently use any alcohol, drugs, or tobacco?
  
11. Have you ever undergone treatment for alcohol or substance abuse?
  
12. Have you ever been treated or hospitalized for a mental condition?
  
13. Do you have any experience working with children? If so, how will it help you in working with your mentee?
  
14. What challenges do you think young people face today that they need help with the most?
  
15. Mentoring a young person is a big responsibility and can change the lives of both the mentor and the mentee. What do you hope to gain from the experience and what do you hope the mentee gains from the relationship?
  
16. What are some of the biggest problems in the world or in your community that concern you?
  
17. What types of activities would you do with a mentee?
  
18. Do you have any questions about the program I can answer for you?

Interviewer Comments:

## BUILDING BRIDGES MENTORING PROGRAM

### Community-Based Ground Rules for Mentors

1. Plan to spend a regularly scheduled time with your Building Bridges Mentoring Program (BBMP) Mentee. **You should see your BBMP Mentee at least four hours a month**, with phone contact during weeks you do not have an in-person visit planned.
2. If you need to miss a visit, communicate this clearly and honestly to your BBMP Mentee and his/her Parent/Guardian. **Any cancellation of an outing should occur as soon as you are aware of this and not at the time the outing is suppose to occur.** If several weeks are to be missed it is expected that you will have phone contact with your BBMP Mentee at least once per week.
3. Too much time spent with your BBMP Mentee can be detrimental by fostering over involvement, dependency or role confusion. It is generally best to plan no more than two visits per week. During each visit, schedule your next visit if possible.
4. Make sure the Parent/Guardian knows and approves of scheduled plans. Advise the Parent/Guardian of approximate return time. If there is an unavoidable delay in returning, phone to let the Parent/Guardian know.
5. You will be responsible for the cost of outings, if any expense is involved. BBMP Mentors are encouraged to plan activities that are either free or that do not involve a lot of spending.
6. It is expected that you will be available to discuss your match on a regular basis. Please call your BBMP Support Staff after your first match meeting. After that, please contact your BBMP Support Staff on a monthly basis. In addition, you are required to submit a monthly Mentor/Mentee Activity Log.
7. Any change of address or telephone number should be reported to your BBMP Mentee, their Parent/Guardian, and your BBMP Support Staff promptly.
8. The agency expects that all interaction with your BBMP Mentee will be in the best interest of the child.

## BUILDING BRIDGES MENTORING PROGRAM

9. It is the policy of the BBMP to prohibit and discourage the use of drugs, alcohol, and firearms. Mentees and Mentors are prohibited from using drugs or alcohol or possessing firearms while engaged in the Mentoring relationship. Any suspected violations should be reported to the Program Manager. Any violation of this policy will result in the immediate suspension and/or termination of the Mentoring relationship.

10. I will follow BBMP child safety and reporting guidelines as indicated in the BBMP Handbook.

11. Respect your BBMP Mentee's cultural/religious practices and beliefs. Do not impose your own cultural/religious beliefs on your BBMP Mentee or his/her family.

12. If for any reason you feel you cannot fulfill the commitment as a BBMP Mentor, please discuss this with the BBMP Program Manager. It is important that closure be handled in a thoughtful, caring manner. (Very Important!)

13. Do not hesitate to call your BBMP Support Staff to discuss any questions or concerns that may arise.

14. Remember you are fostering a special friendship with this child. Take an active interest in your BBMP Mentee, listen to him/her, and most of all, have fun together!

Signed on this date \_\_\_\_\_ By \_\_\_\_\_  
Volunteer/Mentor

Witnessed by \_\_\_\_\_  
BBMP Support Staff



**Map to Hospital Services Corporation  
7471 Pan American Freeway NE  
Albuquerque, NM 87109  
505-343-0070**



From the North (via I-25)  
Exit 232, cross over Paseo del Norte (423) and take Frontage Road S/Pan American W Freeway  
Right (just past Journal Center) onto Masthead Street NE  
First left into parking lot at 7471 Pan American Freeway NE

From the South (via I-25)  
Exit 231, Ellison St-San Antonio Ave  
Left onto Ellison St NE  
Right onto Jefferson St NE  
Right onto Masthead St NE  
Last right (just before Pan American Freeway) into parking lot at 7471 Pan American Freeway NE

From the East (Via I-40) or the West (Via I-40):  
Exit 159BC, move into lane 159C (I-25 toward Santa Fe)  
Then follow the directions from South (via I-25)

- THIS MAP IS PROVIDED AS DIRECTIONS TO GET FINGERPRINTS COMPLETED FOR THE **BUILDING BRIDGES MENTORING PROGRAM**; ANY QUESTIONS PLEASE DO CONTACT CASE MANAGER @ 505-262-6559.