

YOUTH MENTORING PROGRAM
First Nations Community HealthSource

Mentor Application

Type of Mentoring Requesting to Provide:

One on One Mentoring Only:
Group Mentoring Only:
Both One on One and Group Mentoring:
Either One on One or Group Mentoring:

PERSONAL INFORMATION

Name: _____ Date: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
Date of Birth: _____ Gender: Male ___ Female ___ Transgender ___ Other ___
Race/Ethnicity: Native American: ___ Hispanic: ___ African American: ___ White: ___
Asian: ___ Other: ___
Current Employment Status: Unemployed ___ Part-time Employed ___ Full-time Employed ___

Employment History

Employer: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Supervisor Name: _____ Title: _____
Phone: _____ Position Held: _____
Dates of Employment: _____ to _____

Employer: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
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Street Address: _____
City: _____ State: _____ Zip Code: _____
Supervisor Name: _____ Title: _____
Phone: _____ Position Held: _____
Dates of Employment: _____ to _____

APPLICATION QUESTIONS

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor?

2. Do you have prior experience mentoring or working with children? If so, please specify.

3. What qualities, skills or other attributes do you feel you have that would benefit youth? Please explain.

4. Can you commit to participating as a Mentor for a minimum of a year from the time you are matched with a child? If no, please explain.

5. Are you able to meet with a child for four hours/month at a minimum and preferably have contact at least once per week? Please explain.

6. How would you describe yourself?

7. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.

8. How would your friends, family and co-workers describe you?

9. Have you ever been arrested or convicted of a crime? If so, please explain.

10. Have you ever used illegal drugs? If so, what substance and how often?

11. Are you currently using illegal drugs or controlled substances? If so, what substances and how often?

12. Do you drink alcoholic beverages? If so, what substances and how often?

13. Have you ever been convicted of a DUI? If yes, please explain.

14. Do you use tobacco products? If so, what products and how often?

15. Have you ever received treatment for alcohol or other substances? If yes, please explain.

16. Have you ever been treated or hospitalized for a mental health disorder? If so, please explain.

17. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.

18. Have you ever been investigated or convicted of sexually abusing or molesting a youth ages 18 or under? If yes, please explain.

19. Are you willing to communicate regularly with the program staff, provide monthly information about your mentoring activities, attend quarterly mentoring trainings and provide feedback regarding any challenges during your participation in the program?

20. Emergency Contact Information

Contact Name/Relationship

Phone Number

Contact Name/Relationship

Phone Number

Medical Emergency Information:

Physician Name: _____

Phone: _____

Hospital Preference: _____

Location: _____

Health Insurance Vendor: _____

Policy Number: _____

In case of a medical emergency, you will be transported to the NEAREST hospital.

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

Mentor Signature

Date

Staff Signature

Date

Youth Mentoring Program
First Nations Community HealthSource

Consent, Release of Liability and Agreement to Participate

Please read this carefully before signing:

The Youth Mentoring Program appreciates your interest in becoming a Mentor.

Please initial each of the following:

_____ I give my informed consent to participate as a Mentor in the Youth Mentoring Program.

_____ 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 the Youth Mentoring Program is not required to provide a reason for their decision in accepting or rejecting me as a Mentor.

_____ (Optional—please initial if you agree) I agree to allow the Youth 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 will agree to regularly communicate with the staff as needed.

_____ I will inform staff if I observe any difficulties or areas of concern that arise in the match relationship.

_____ I will notify staff if there are any changes with our phone number or address.

_____ I release the Youth Mentoring Program/ First Nations Community HealthSource of all liability of injury, death, or other damages to me that may result from my participation in the program, including but not limited to transportation or mentoring activities.

_____ I authorize the Youth Mentoring Program of FNCH and their representatives to secure medical care required in the event of an accident or sudden illness occurring during said activity.

_____ I understand that upon a match closure, future contact between myself and the youth is beyond the scope of Youth Mentoring Program and that First Nations Community HealthSource is not responsible for any continuance in a relationship between the mentee, mentor and parent/legal guardian.

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:

- Contact and Information Release Form
- Interest Survey Form
- Copy of a valid and current driver's license
- Valid and current auto insurance
- Professional references
- DMV Release Form
- Criminal History Release Form (State Agency Form)
- Child Abuse and Neglect Release Form (State Agency Form)
- Sexual Offender Release Form (State Agency Form)

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

Signature of Mentor

Date

Signature of Staff

Date

Youth Mentoring Program

First Nations Community HealthSource

Information Release Form

I, _____, understand it will be necessary for the Youth Mentoring Program to conduct a background check regarding my driving record, criminal history, professional references and employment.

I authorize First Nations Community HealthSource 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 references for the purposing of participating in the Youth Mentoring Program. Further, I provide permission for First Nations Community HealthSource to conduct the same investigation of my background in previous states in which I have resided.

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

Full Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Current Driver License No: _____ State of Driver License: _____

Please list other cities, states, and dates of residency you have had over the past 10 years:

_____	_____	_____	_____
City	State	From (Date)	To (Date)
_____	_____	_____	_____
City	State	From (Date)	To (Date)
_____	_____	_____	_____
City	State	From (Date)	To (Date)
_____	_____	_____	_____
City	State	From (Date)	To (Date)

I attest the information above to be accurate and true.

Mentor Signature: _____ Date: _____

Staff Signature: _____ Date: _____

**Youth Mentoring Program
First Nations Community HealthSource**

References

Please list the names, address and phone numbers of three people you would like to use as a character reference. At least one reference should be a professional and the references listed should be from people who have known you for at least a year. You can include one relative. This information will be held confidential and not released to you, the applicant.

Name of Reference: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Relationship to Applicant: _____ How long has this reference known you: _____ Years
Phone Number: _____ Other Contact Information: _____

Name of Reference: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Relationship to Applicant: _____ How long has this reference known you: _____ Years
Phone Number: _____ Other Contact Information: _____

Name of Reference: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Relationship to Applicant: _____ How long has this reference known you: _____ Years
Phone Number: _____ Other Contact Information: _____

**Youth Mentoring Program
First Nations Community HealthSource**

Mentor Interest Survey

Name: _____ Date: _____

Please complete the following survey to help us know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentee? Please check all that apply:

Weekdays: _____ Lunch time: _____ Afterschool: _____ Evenings: _____ Weekends: _____

Other (specify): _____

Please indicate age group(s) that you are interested in working with:

Age: 4-6: _____ 7-10: _____ 11-15: _____ 16-18: _____

Please indicate if you have a preference for a particular racial/ethnic group: _____

Do you speak language(s) other than English? If so which language(s)?

Would you be willing to work with a child with disabilities? If yes, specify what disabilities you would be willing to work with.

What are some favorite things you like to do with other people?

What are your favorite subjects to reach about?

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

Name one goal you have set for the future?

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

What person do you most admire and why?

Describe your ideal Saturday.

Please check the activities you are interested in (check all that apply):

Biking		Camping		Science		Cooking		Library
Hiking		Boating		Music		Sports		Yoga
Golf		Swimming		Gardening		Parks		Movies
Fishing		Animals		Eating		Board Games		Shopping
Other:		Other:		Other:		Other:		Other:

List other areas of strong interest to you:

Youth Mentoring Program
First Nations Community HealthSource

Mentor Agreement

I, _____, agree to the following terms and conditions of being a Mentor to First Nations Community HealthSource:

1. Plan to spend regularly scheduled time with your mentee—at least four hours/month.
2. If you need to miss a visit, communicate this clearly to your mentee and his/her parent/legal guardian.
3. Too much time spent with your mentee can be detrimental to fostering over involvement, dependency or role confusion. It is generally best to plan no more than two hours/week. During each visit, you should schedule your next visit, if possible.
4. Make sure the parent/legal guardian knows and approves the scheduled plans. Advise the parent/guardian of the approximate return time. If there is an unavoidable delay in returning, let the parent/legal guardian know as soon as possible.
5. Try to plan activities that are no cost or free that do not involve a lot of spending.
6. It is expected that you will be available either by phone or email to discuss your match on at least a monthly basis. The program staff will contact you monthly to check to see if you have any concerns about your match, how many hours of mentoring were provided, etc.
7. Any changes in your contact information such as your address, phone, email, etc. should be reported to program staff.
8. The agency expects that all interactions with your mentee should be in the best interests of the child.
9. It is the policy of the program to prohibit the use of drugs, alcohol and firearms. Mentees and mentors are prohibited from using drugs or alcohol or possessing fire arms while engaged in the Youth Mentoring Program. Any suspected violations should be reported immediately to the Program Manager. Any violation of this policy will result in immediate suspension and termination of the mentoring relationship.
10. You are expected to follow the Youth Mentoring Program's Child Safety and Reporting guidelines as indicated in the Youth Mentoring Program handbook.
11. Respect your child's cultural/religious practices and beliefs. Do not impose our own cultural/religious beliefs on your mentee or his/her family.
12. If for any reason you feel you cannot fulfill the commitment as a mentor, please let the program staff know immediately. It is very important that closure be handled in a careful and thoughtful manner.
13. Do not hesitate to call the program staff to discuss any questions or concerns that may arise.
14. Remember you are fostering a special relationship with a child. Take an active interest in your mentee, listen to him/her, be a positive role model, and most of all, have fun!
15. A program interest is to have trained mentors who are informed about legal, clinical, programmatic, and other areas that impact mentoring a child. Our program staff will offer quarterly trainings in important areas that mentors need to be trained in order to be an effective mentor. Plan to attend the trainings (meals will be provided) and let the staff know.
16. A program requirement is for the staff to report on the number of match meetings that occur monthly. We ask that you submit a monthly Mentor/Mentee Activity log to the staff once a month. This log can be sent electronically to staff.

I have read and agree to the terms and conditions for being a Mentor at First Nations Community HealthSource.

Mentor Signature

Date

Staff Signature

Date

