

The Mentoring Network

A rural school-based program serving southwestern Idaho

P.O. Box 9412
Nampa, Idaho 83652
208.459.2844
www.MentoringNetworkID.org

MENTOR APPLICATION

Name: _____ Male: Female:
First MI Last

DOB/Age: _____ / _____ Ethnicity: _____

Address: _____
PO Box/Street Address City Zip

Phone Numbers: (hm) _____ (wk) _____ (cell) _____

Primary E-Mail: _____

EMPLOYER: _____
Company Name Yrs/Mos Employed

Mailing Address: _____
City Zip

Supervisor's Name/Title: _____

OCCUPATION: _____

LEVEL OF EDUCATION: _____

MARITAL STATUS: _____

FAMILY INFORMATION: _____ / _____
Spouse's Name (First, MI, Last) Phone Number

Child(ren)'s Name(s) Age(s)

EMERGENCY CONTACT: _____
Name Relationship Phone #

SHIRT SIZE CHECK ONE: SM MED LG XL 2XL

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MENTOR APPLICATION page2

How did you hear about the mentoring program?

Have you ever been a mentor before?
(If yes, please indicate dates, agency name, city, state)

Why are you interested in becoming a mentor?

Have you ever been detained by law enforcement, jailed, arrested or charged with any crime?
No Yes (If yes, please give dates and details.)

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MENTOR APPLICATION page3

Please provide the following information for three personal references, including your supervisor at work and a friend who has known you for at least two years. Please do not use relatives.

1.	_____	_____	_____
	Name	Relationship	Phone
2.	_____	_____	_____
	Name	Relationship	Phone
3.	_____	_____	_____
	Name	Relationship	Phone

***All of the above information is true to the best of my knowledge. I understand that I am not obligated, if called upon, to perform volunteer mentor services herein applied for, and that The Mentoring Network, Inc. is not obligated to assign, or actively seek to assign, a student to me. I further agree to allow the staff of The Mentoring Network, Inc. to elicit additional pertinent, personal information as part of the screening process.

In the event that I am chosen to mentor a youth, I agree to the commitment and to participate to the best of my ability. I will honor confidential information regarding my student. I will be free of the influence of alcohol or illegal drugs when with students. I will inform the Director/CEO of any changes in my address and/or phone numbers. I will inform the Director/CEO in advance should I choose to terminate participation in the program. ***

Applicant Signature

Date Signed

The Mentoring Network, Inc. does not discriminate on the basis of race, creed, educational level, physical disability, age, gender, sexual orientation, or marital status.

OFFICE USE ONLY	
Mentor ID# _____	Intake Date: _____
Training Completed: _____	DOM: _____
Background Check: _____	

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VOLUNTEER APPLICANT AGREEMENT

Please initial the following statements if you are in agreement:

_____ I understand that I will be required to complete the Mentor Program’s orientation and training.

_____ I understand the time requirement of spending one hour each week during the academic year with an assigned student – with meetings to be held at the school only during school hours or previously arranged school-sponsored activities.

_____ I understand that a criminal background and sex offender check will be conducted to assist in determining eligibility for the Mentor Program.

_____ I understand that providing false information shall disqualify me from and /or result in termination from service.

Applicant’s Full Name: _____

First

MI

Last

Applicant’s Signature: _____

Date Signed: _____

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CONFIDENTIALITY POLICY

Access to Confidential Records

In order for The Mentoring Network, Inc. to provide responsible and professional services to students, it is necessary for volunteers, students, and parents/guardians of students to be asked to divulge personal information about themselves and their families. The program respects the confidentiality of student and volunteer records and, with the exception of situations listed below, shares information about the students and volunteers only among the appropriate program staff. The right to confidentiality applies not only to written records and conversations, but also to video, film, pictures, or use of student or volunteer names in agency publications.

All records are considered the property of the program and not program workers, students, parents/guardians, or volunteers themselves. In order to provide a service that is in the best interest of the children served by the program, information from outside sources, including confidential references must be assessed along with information gained from the students, parents/guardians, or volunteers themselves. Records are not available for review by the students, parents/guardians, or volunteers. Parents/guardians and volunteers shall be provided at the time of application with a copy of this statement on confidentiality along with the exceptions, which define the limits of the confidentiality. Parents/guardians and volunteers shall sign a statement that he/she has read and understands the program's policy on confidentiality and agrees to follow the guidelines it sets forth.

Limits of Confidentiality

1. Information will be obtained from and/or released to other individuals or organizations only upon presentation of an "Authorization to Release Information" form appropriately signed by the parent/guardian or volunteer.
2. Identifying information regarding students and volunteers may be used in agency publications or promotional material only in the event that the parent/guardian or volunteer has given permission.
3. A violation of the Project's confidentiality policy by a staff member will be subject to disciplinary actions up to and including dismissal.
4. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
5. Information shall only be provided to the program's legal counsel in the event of litigation or potential litigation involving the program. Such information is considered privileged, and its confidentiality is protected by law.
6. State law mandates that suspected child abuse be reported to the Department of Health and Welfare and/or the police. All program staff are responsible for staying abreast of such reporting requirements of their respective jurisdiction and shall always comply with mandated procedures.

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Limits of Confidentiality (con't)

7. If a program worker receives information indicating that a student or volunteer may be dangerous to him/herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or a report to the law enforcement authorities.

I have read and understand the above document which states The Mentoring Network's policy with respect to confidentiality of student and volunteer records. I agree to program participation under the conditions it sets forth.

Print complete name:

Signature: _____

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MENTOR REFERENCE

Applicant Name: _____ Name of Reference: _____

The above-named person is applying to be a volunteer with The Mentoring Network and has given your name as a reference. He/She will be spending time with a child between the ages of 6 and 13. After initial training, mentors will be matched with students and meet weekly for one hour to foster the development of social and academic skills. The weekly mentoring sessions will take place on school grounds either during school hours or school-sponsored activities. Mentors will attend meetings during the year to learn new skills and share ideas with other mentors. The structured program will end with the school year. With the opportunity to participate in a 2-day day camp in the summer.

We would appreciate your answers to the following questions regarding this individual and any additional information that you feel may indicate his or her ability to meet the needs of a young person. This information will be kept confidential. Please send this form directly to our office.

How long have you known the applicant?

How are you acquainted with the applicant?

Do you consider him/her to be a reliable and responsible person who is able to relate positively to a child? Please explain:

What strengths do you feel the applicant has that would make him/her an effective mentor?

Additional comments - please add a separate file if needed.

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