

Mentor Application

Champlain Valley Family Center, 20 Ampersand Drive, Plattsburgh, NY 12901

Phone: (518) 562-9009 Fax: (518) 562-5417 Email: astepahead@cvfamilycenter.org, mentors@cvfamilycenter.org.
(after school mentoring) (lunch time mentoring)

Name: _____ Social Security Number: _____

Local Address: _____

Permanent Address (if different than above): _____

Years at this address: _____ Best time to call you at home: _____ At work: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ DOB ____/____/____

Email address: _____ How often do you check it? _____

Gender: _____ Marital Status: _____ Children: _____ Yes _____ No If yes, what are their ages? _____

Driver's License ID Number: _____ Type of Vehicle (year, model): _____

Education: _____ High School Junior/Senior _____ High School Graduate _____ College Student

_____ College Graduate _____ Graduate Student _____ Graduate Degree _____ Other

High School/ College Attending, High School/College(s) Attended: _____

_____ Dates Attended _____

Current High School Information: Junior and Senior High School Students Only

Current Grade _____

Academic Clubs or Organization which you are a member: _____

High School sports you participate in: _____

Areas of interests outside of school: _____

Employment Information:

Current Employer: _____ Yrs. with current employer: _____

Work Address: _____

Supervisor's name and title: _____

Your current position: _____

Previous employer: _____ Yrs. with previous employer: _____

Work Address: _____

Supervisor's name and title: _____

Your previous position: _____

General Background:

Have you ever been arrested, except for traffic violations? _____ Yes _____ No

If yes, describe and give disposition of charges: _____

Have you ever undergone psychiatric counseling? _____ Yes _____ No

If yes, please explain: _____

Do you object to the program checking with appropriate authorities (i.e. police, courts, motor vehicles, etc.) for matters of public record regarding your background or history? _____ Yes _____ No

Please list previous volunteer experience: _____

List any service or fraternal groups you belong to: _____

Please list any prior experience you have had working with children: _____

How did you hear about the mentoring program? _____

Have you ever been a mentor? _____ What organization _____

Volunteer training sessions are required. Will you be able to attend with advance notification? _____ Yes _____ No

Can you commit yourself to the program for one full school year? _____ Yes _____ No

References:

For the sake of the safety of our children, we **will** check these references. Please list at least **three** people who have known you for at least **one** year. Give us their names, telephone numbers and **complete mailing addresses**. Please do not use relatives. **One reference must be from your employer, supervisor, teacher or counselor.** Additional and/or different references may be required.

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
Nature and length of relationship: _____

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Address: _____ Work Phone: _____
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Address: _____ Work Phone: _____
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What do you consider to be the three most pressing problems facing youth in the North Country?

How do you think a child would benefit from a mentoring relationship?

What do you hope to contribute to the mentoring program?

What do you hope to gain from being a mentor?

| | | |
|--|------------|--------------|
| I am able to mentor: (please circle) | Lunch Time | After School |
| I prefer to mentor: (please circle) | Lunch Time | After School |
| I am interested in mentoring with another mentor pair: | Yes | No |

By signing below, I verify the information stated in this application to be true. I also understand and agree to the following:

1. This application does not obligate me to be a mentor.
2. The program is not obligated to accept me as a mentor.
3. My association with the mentoring program can be ended at any time with notification by me or the mentoring program.
4. As a part of the application process information will be obtained from me by professional program personnel.
5. All information obtained will be held confidential.

Signed: _____ Date: _____

Champlain Valley Family Center Mentor Agreement

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1. I understand that the relationship with my mentee is basically a **one-to-one friendship**. I know that I will be a **role model** to my mentee and agree to provide the support and guidance necessary to help him/her **stay in school, set goals and make self-benefiting decisions**.
2. I agree to meet with my mentee a **minimum of once a week** at: Stafford Middle School, Momot Elementary School, or Oak Street School for **one school year**.
3. I know that **activities and meetings outside of the school are prohibited** and will result in termination from the program.
4. I agree **not to use alcohol or illegal** drugs prior to and during my meetings with my mentee.
5. I understand that I have **no financial responsibilities** toward my mentee.
6. I understand that my mentee is **responsible for telling his/her parent or school officials any concerns, areas of discomfort, fears, likes, dislikes or confusion** relating to his/her mentor.
7. I understand that the **parent or legal guardian remains the disciplinarian**. If a problem arises with the school, the police, at home, etc., the parent, not the mentor is responsible for dealing with the situation.
8. I agree to **keep confidential any information discussed** with me or learned through my match regarding my mentee and family. Such information includes, but is not limited to, personal address, family situation, living situation, and reasons for participating in the program. Such information will be discussed only with the assigned professional of the mentoring program.
9. Finally, I realize that I share responsibility with the mentor program to **maintain contact** with each other, to **share questions** and concerns, and to **work toward problem resolutions** in a cooperative way. I know that the mentor program is ready to answer questions, hear comments and serve as resource persons for me during my tenure as a mentor.

Name: _____ Date: _____
Print your name here

Signed: _____
Sign your name here

Consent to Release Information

I, _____, hereby authorize the **individuals and/or organizations listed on my application**, their directors or designees to release information contained in my records or files with that organization, or any other information requested, to Champlain Valley Family Center as listed below, but only under the condition(s) described herein:

1. Name of the organization to whom disclosure is made: **Champlain Valley Family Center's Mentoring Programs**
2. Specific use(s) to be made of the requested information: **To determine the suitability for placement as a mentor, matched with a child in a school setting, providing a one-to-one role model relationship.**
3. This consent shall expire upon the occurrence of **termination of relationship with the mentoring program.**

Signature of volunteer mentor or mentoring candidate

Date signed