

## Mentor Application

Champlain Valley Family Center, 20 Ampersand Drive, Plattsburgh, NY 12901  
Phone: (518) 562-9009 Fax: (518) 562-5417 Email: [astepahead@cvfamilycenter.org](mailto:astepahead@cvfamilycenter.org).

**Applicants will be required to submit an application, participate in a face to face interview, provide references for checking, complete a background check with fingerprinting, and attend a training program prior to placement. Applicants, who provide false information shall be disqualified for, or terminated from, service.**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Permanent Address (if different than above): \_\_\_\_\_

Years at this address: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ how often do you check it? \_\_\_\_\_

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

**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:**

***Please answer the questions below and note explanations if you answer YES to any of the following:***

Have you ever been arrested (except for traffic violations) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe and give disposition of charges: \_\_\_\_\_

Have you ever received treatment for alcohol or substance abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Have you ever been treated or hospitalized for a mental disorder? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Have you ever been investigated or convicted of child abuse or neglect? \_\_\_\_\_ 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: \_\_\_\_\_

Have you ever been a mentor? \_\_\_\_\_ Which 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 for **three** people who have known you for at least **one** year. Please list their names, telephone numbers and **COMPLETE mailing addresses**. Please do not use relatives. **One reference must be from an employer, supervisor, teacher or counselor**. Additional and/or different references may be required.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Nature and length of relationship: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Nature and length of relationship: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Nature and length of relationship: \_\_\_\_\_ Fax: \_\_\_\_\_

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

1. I agree to follow all mentoring program guidelines and understand that any violation will result in suspension or termination of the mentoring relationship.
2. My association with the mentoring program can be ended at any time with notification by me or the mentoring program.
3. As a part of the application process, program staff will obtain personal information about me in order to process my application.
4. I agree to allow the mentoring programs to use any photographic image of me taken while participating in the program. The images may be used in promotions or other related marketing materials.
5. I understand that the mentoring programs are not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.
6. All information obtained will be held confidential.

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

# Champlain Valley Family Center Mentor Agreement

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

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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.**

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*Applicant Signature*

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*Date signed*