

**MENTOR VOLUNTEER  
APPLICATION**

**Valley Mentoring Program  
P.O. Box 234  
Elgin, IA 52141**

**Personal Information**

\_\_\_\_\_  
Name Social Security # Drivers License #

\_\_\_\_\_  
Names Previously: (maiden, married, birth names, and alias) Cell Phone Number

\_\_\_\_\_  
Home Address City, State, Zip Telephone Number

\_\_\_\_\_  
Work Address City, State, Zip Telephone Number

\_\_\_\_\_  
Date of Birth How long have you resided in this county? Spouse/Partner's First Name

\_\_\_\_\_  
Current Employer (if applicable) Present Occupation E-mail Address

\_\_\_\_\_  
High School Degree From College Presently Attending/Graduated From Major

Please list four references: (Please indicate at least one personal friend, and one work reference from the area. Please exclude parents, siblings, and spouses.

Name _____ City _____ State _____ Relationship _____ Phone _____	Name _____ City _____ State _____ Relationship _____ Phone _____
Name _____ City _____ State _____ Relationship _____ Phone _____	Name _____ City _____ State _____ Relationship _____ Phone _____

List companies you have worked or volunteered beginning with your current position: (attach info if needed)

Employer	Dates	Position	Full/Part-time	Reason for Leaving

Clubs and/or organizations you are presently a member of: \_\_\_\_\_

Why are you interested in becoming a mentor? \_\_\_\_\_

Please list any medical conditions that would affect your mentoring \_\_\_\_\_

Do you use, or have you used, illegal drugs within the last 7 years?  Yes  No If yes, please explain.

Have you ever been convicted and/or charged with child abuse or neglect?  Yes  No  
(If yes, please explain) \_\_\_\_\_

Have you been convicted of a misdemeanor or a felony within the last 7 years or have you been under the supervision of the corrections system in the last 7 years?  Yes  No If yes, please explain.

If serving as a driver, has your driver's license been suspended or revoked within the last 7 years?  
 Yes  No (If yes, please explain) \_\_\_\_\_

Other than the above, is there any fact or circumstance involving you or your background that would limit your ability to supervise, guide, and care for youth?  Yes  No (if yes, please explain) \_\_\_\_\_

As part of my application process, I give my consent for a check of my record for criminal convictions. I have not been convicted of any crimes that would endanger the well-being or safety of the youth with whom I will work. I also consent to participate in training to learn about program policies, procedures, responsibilities, and strategies involved with mentoring.

I further understand that neither the Valley Mentoring Program nor the Sponsor Agency (the Valley Community Coalition) shall be liable to us or our child in any way for any intentional or criminal action on the part of any mentor in the Valley Mentoring Program and its sponsor agency and each of their officers, steering committee, directors, employees, agents and successors in interest from any such liability to a child which may arise by was of such intention or criminal action on the part of any mentor in the Valley Mentoring Program.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## MATCH INFORMATION

Please check your preference for characteristics for your match. Check as many as are appropriate for you.

I think I have the best chance of success and satisfaction working with:

A boy     A girl     it makes no difference

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5 – 7 year old     10 – 13 year old     it makes no difference  
 7 – 9 year old     14 – 16 year old

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How far from where you live, are you willing to travel regularly to meet with your mentee?

\_\_\_\_\_ miles     it makes no difference

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I would work well with a child who is:

Shy     Outgoing     Talkative

Aggressive     Hyperactive     Other (specify): \_\_\_\_\_

It makes no difference

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I have a preference of mentoring a child with a specific situation. (For example: single-parent, foster child, specific learning needs, etc.) Please list your preferences. \_\_\_\_\_

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# MENTOR ACTIVITIES & INTERESTS

Place an X next to activities you enjoy. Leave items blank you have no interest in.

<b>Sports</b>	<b>Recreation &amp; Entertainment</b>	<b>Science/Technology</b>
<input type="checkbox"/> Football	<input type="checkbox"/> Working on cars	<input type="checkbox"/> Enjoy nature
<input type="checkbox"/> Baseball	<input type="checkbox"/> Walking	<input type="checkbox"/> Animals
<input type="checkbox"/> Basketball	<input type="checkbox"/> Hiking	<input type="checkbox"/> Gardening
<input type="checkbox"/> Bowling	<input type="checkbox"/> Fishing	<input type="checkbox"/> Rock climbing
<input type="checkbox"/> Track	<input type="checkbox"/> Cooking	<input type="checkbox"/> Local travel
<input type="checkbox"/> Soccer	<input type="checkbox"/> Picnicking	<input type="checkbox"/> Taking things apart
<input type="checkbox"/> Ping Pong	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Astronomy
<input type="checkbox"/> Tennis	<input type="checkbox"/> Horseback riding	<input type="checkbox"/> Photography
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Rodeos	<input type="checkbox"/> Computers
<input type="checkbox"/> Roller skating	<input type="checkbox"/> Motorcycling	
<input type="checkbox"/> Wrestling	<input type="checkbox"/> 4 wheeling	
<input type="checkbox"/> Weightlifting	<input type="checkbox"/> Bike riding	Foreign languages you speak
<input type="checkbox"/> Swimming/diving	<input type="checkbox"/> Jogging/running	_____
<input type="checkbox"/> Auto racing	<input type="checkbox"/> Movies	_____
<input type="checkbox"/> Golf (regular/mini)	<input type="checkbox"/> Museums	
<input type="checkbox"/> Handball	<input type="checkbox"/> Plays/acting	
<input type="checkbox"/> Hockey	<input type="checkbox"/> Concerts	
<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Dancing	
<input type="checkbox"/> Archery	<input type="checkbox"/> Singing	
<input type="checkbox"/> Frisbee or disc golf	<input type="checkbox"/> Model Cars	
<input type="checkbox"/> Racquetball	<input type="checkbox"/> Board Games	
<input type="checkbox"/> Skiing (downhill, cross country)	<input type="checkbox"/> Playing cards	
<input type="checkbox"/> Sledding	<input type="checkbox"/> Reading	
<input type="checkbox"/> Snowmobiling	<input type="checkbox"/> Shopping	
<input type="checkbox"/> Martial arts	<input type="checkbox"/> Pool, pinball, foosball	
<input type="checkbox"/> Snow Boarding	<input type="checkbox"/> Video Games	
<input type="checkbox"/> Go-Karting	<input type="checkbox"/> Collect Things	
	_____	
	_____	
	_____	
	<input type="checkbox"/> Musical Instrument	
	_____	
	_____	
	_____	

*Of the choices you have checked, please list below your top 5 choices:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Arts & Crafts

- Carving
- Woodworking
- Sewing
- Crocheting
- Quilting
- Knitting
- Bead work
- Painting
- Scrapbooking
- Drawing
- Fashion/Design
- Interior Design

## MENTOR AGREEMENT

As a mentor in the *Valley Mentoring* program, I agree to:

1. Maintain regular contact with my mentee, spending approximately 4–6 hours/month in contact. This includes in-person contact, phone calls, e-mail, postal mail, and group activities. Time together should be pre-scheduled to avoid conflict for everyone involved. If the mentee does not have a phone, I am allowed to stop by their home to arrange my outing time.
2. Commit to spending at least one year as a mentor with my mentee. A yearly evaluation will occur.
3. Keep the program staff informed monthly of the activities done by the mentee and myself. Information should detail the frequency and length of the activities. This reporting can be done by using the program log form or by e-mail.
4. Not indulge my mentee with gifts of money, food, extravagant outings, presents, etc. The focus of the program is *quality time* spent together, rather than giving monetary items or doing costly activities. Birthday and holiday gifts are acceptable, but should not be expensive. Covering the cost of any activities is my responsibility.
5. Overnight visits are NOT ALLOWED between mentees and mentors.
6. Respect the rights and wishes of my mentee and not coerce or shame him/her into participating in activities that I favor.
7. Set reasonable limits for my mentee and not violate rules set by the mentee's parent(s) or the program.
8. Maintain appropriate adult behavior at all times, and expect age-appropriate behavior from the mentee.
9. Inform the program staff immediately of any major crises or changes in my life that would affect my ability to mentor, *i.e.* death of a significant other or close relative or friend, unemployment or job change, or change of address, as soon as possible.
10. Always treat the mentee's parent(s)/guardian(s) with respect, and not criticize or make negative comments about them. Family concerns should be shared with program staff.
11. Exhibit behavior that is respectful and assumes equality towards members of the same and opposite sex all ethnic/racial and religious groups, and not make any comments that can be construed as racist, sexist or bigoted.
12. If you become uncomfortable with your mentee/mentor relationship, contact program staff.
13. Not show the mentee sexually explicit material, have sexually explicit materials in my home when the mentee is there, or take the mentee to sexually explicit movies or places where sexually explicit acts are performed.
14. Not manufacture, distribute, dispense, or be under the influence of alcohol, tobacco, or illegal drugs during contact with my mentee. Use of tobacco, alcohol, or illegal drugs is prohibited while with my mentee.

15. Not abuse any youth or adult program participant (abuse as defined in the Code of Iowa). A copy of the appropriate Iowa code, section 232.68 (1995), is available from the executive committee.
  16. Participate in required mentor training and accept guidance and support from the program coordinator.
  17. Carry a medical consent form signed by mentee's parent(s)/guardian(s), authorizing me to seek medical treatment for the mentee if needed, should an emergency occur when we are together.
  18. Comply with State of Iowa motor vehicle-related regulations and laws when transporting my mentee. The mentor for one-to-one outings normally provides transportation.
  19. When sensitive topics are brought up by the mentee, I will honor and respect the youth and parents by following protocol as described in my initial training.
  20. Give my permission to have my photo/voice used by Valley Mentoring for promotional purposes.
  21. Not to date the parent/guardian or take a parental role. The purpose of the mentoring program is to provide the child the opportunity to develop a supportive relationship with me as an adult friend.
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The *Valley Mentoring Program* and the Valley Community Coalition recognizes that each individual participating in the mentoring program has the right to the dignity and certainty of strict confidentiality by all. As a volunteer, I agree to protect the information I may gain concerning any person who may receive assistance from the mentoring program, or any other services provided. I realize that any breach of this confidentiality would result in immediate termination of my activities in the mentoring program, and could result in legal action being taken against me. I agree to keep all such information strictly confidential.

Mentors/mentees will not be discriminated against on basis of their race, color, creed, age, sex, religion, national affiliation, sexual orientation, those test HIV positive, or values. Mentors or mentees shall not impose their religious beliefs or values on others.

I further understand that neither the *Valley Mentoring Program* nor the Valley Community Coalition shall be liable in any way for any intentional or criminal action on the part of any mentor in the *Valley Mentoring* program. Parents specifically release and hold harmless the *Valley Mentoring* program and its sponsor agencies and each of their officers, steering committee, directors, employees, agents, and successors in interest from any such liability to a child, which may arise by way of such intentional or criminal action on the part of any mentor in the *Valley Mentoring* program.

Any violation of the above stated policies may result in immediate termination of the mentor-mentee relationship. The parent(s)/guardian(s) of the mentee will be notified immediately of the termination and the reason for the termination by the agency

I have read the Mentor Agreement and understand that compliance is a condition for continuing involvement as a *Valley Mentoring* volunteer.

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Signature of Applicant

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Date