

Do you have a current and valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state of issue and #: Expiration date:	Do you have a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have valid insurance that meets or exceeds state required minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---

Have you previously applied to be or served as a mentor here or anywhere else? Yes No
 If yes, when and where?

Have you ever been involved with Youth Mentoring in a capacity other than a mentor? Yes No
 If yes, when and where?

Have you ever been involved with or volunteered for another youth organization? Yes No
 If yes, when and where?

Have you ever been denied acceptance or released from service as a volunteer or employee for another mentoring program or youth-serving organization? Yes No
 If yes, when and where?

Are you interested in learning about additional ways to contribute to Youth Mentoring? Yes No

If yes, please check all interests that apply.

- Becoming a donor
- Helping to recruit volunteers
- Volunteering at agency events for matches, mentees, waiting-list children, etc.
- Volunteering at agency fundraising events
- Inviting Youth Mentoring to speak at a company, church, organization, or other group of which I am a member

Reference Information

Please list information for at least three references below including:

1. Your spouse or domestic partner (i.e., if you live with a significant other/ girlfriend/boyfriend) OR a family member, if you do not have a spouse, partner, or significant other);
2. Current or former employer or co-worker you have known for at least one year, or someone from your school if you are a student;
AND
3. A friend or neighbor you have known for at least two years

Spouse/Partner's name:		Family member name (if no spouse/partner):	
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	
Employer or Co-worker (current or past) or school personnel (if you are a student):			
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	
Friend, Neighbor, or other personal reference:			
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	

In addition to the references above, Youth Mentoring requires references from all youth serving organizations at which you have worked or volunteered in the past. Please list additional on separate page, if needed.

Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Dates of involvement/employment:				
Reason for leaving:				
Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Dates of involvement/employment:				
Reason for leaving?				
Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Dates of involvement/employment:				
Reason for leaving:				

Volunteer Pre-Interview Questionnaire

Prior to your in-person interview, please answer the questions below. Parents of youth in our programs will often ask questions about someone with whom their child will be matched. The information you provide will also help us make a better match for you and assure we can support you during your involvement with our program. ***Please note that you will have an opportunity to discuss these questions and your responses more thoroughly during your in-person interview.***

1. Do you have any concerns about your ability to fulfill the 12-month commitment required of mentors?
 Yes No

2. Do you anticipate any significant life changes over the next year or had any this past year?
 Yes No

Please describe:

3. Have you ever been accused, arrested, charged, or convicted of a crime?
 Yes (if yes, we will discuss more during in-person interview) No

4. Have you had any driving citations and/or moving violations in the past 5 years?
 Yes (if yes, we will discuss more during in-person interview) No

5. Do you have guns, ammunition, or other weapons in your house?
 Yes (if yes, we will discuss what safety precautions are necessary) No

6. Are you experiencing any physical or mental health issues?
 Yes (if yes, we will discuss more during in-person interview) **No**
7. Would you be able to secure or otherwise make unavailable any youth inappropriate viewing materials in your home? This would also include television channels and internet access?
 Yes **No** (if not, we will discuss more during in-person interview)
8. Do you have any pets?
 Yes (if yes, we will discuss what safety precautions are necessary) **No**
9. Do you speak any foreign languages?
 Yes **No**
10. Which do you enjoy more?
 Indoor Activities **Outdoor Activities** **No Preference**
11. Would you describe yourself as a person who enjoys...
 Watching events or activities **Actively participating in activities** **Both**
12. In regards to sports, indicate which of the following description applies best to you.
 Participate with Group **Participate individually**
 Participate with group & individually **Watching and not participate**
13. If we were to **Google** you what would we find?
14. Household Annual Income:
 0-\$10,000 **\$10,001-\$15,000** **\$15,001-\$20,000** **\$20,001-\$30,000** **\$30,001-\$50,000** **\$50,001+**
15. How long have you lived in the area?
16. What is the number of people (children and adults) living in your household?

Provide name, age, relationship to you.

Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:

17. Please list any counties and states that you have lived in aside from your current address in the past 5 years.

18. Is there anything else you'd like to tell us about yourself or any questions that you have?

I have answered these questions honestly and completely to the best of my knowledge.

Signature: _____

Date: _____

Please read the following carefully before signing this application.

Sexual Misconduct Policies and Procedures

Children's Aid Society will not tolerate any behavior by employees, volunteers or children which constitutes sexual misconduct. Sexual Misconduct means any actual or attempted criminal sexual assault, sexual abuse, sexual exploitation, indecent or sexual solicitation or public indecency.

We encourage victims and/or their parents or guardians (in the case of minors) to come forward and report them. Program Managers and/or the Assistant Director are the contact and any incident should be reported as quickly as possible and will be given full, timely, and impartial investigation. Privacy and confidentiality will be maintained during the investigation of the complaint to the best of our ability.

Any case of known or suspected child abuse will be reported immediately in compliance with state law requirements. The child's parents or guardian and ChildLine will be notified. Any employee or volunteer who is determined to have engaged in sexual misconduct will be subject to disciplinary action up to and including discharge. Likewise, false accusations will likewise be subject to disciplinary action.

Contact Children's Aid Society at (814) 765-2686, x205 for more information or to report.

Overnight Visit Policy

Youth Mentoring does not encourage overnight visits, however it is acknowledged that occasionally matches may choose to incorporate an overnight visit into their outings.

Overnight visits are strictly prohibited during the first year of the match. After being matched for **one year**, a match may request agency approval to have an overnight visit. Overnight visits should occur no more than once every three months. All overnight visits will be individually assessed at the discretion of staff based upon the following criteria.

To qualify for an overnight visit, the following elements must be in place beforehand:

- Match support contacts must be current and complete for the last 3 match support cycles with no missed or late contacts.
- The parent/guardian and the volunteer must sign a statement indicating they have received a copy of the agency's overnight policy and agree to follow its terms prior to the overnight. (*Typically at their one year anniversary*)
- Volunteers must advise staff of **each** scheduled overnight visits at least one week prior to the overnight. Staff will confirm parent/guardian approval.
- Before the overnight visit, staff will discuss each of the following with the volunteer and parent/guardian:
 - Reason for overnight visit
 - Emergency contact information for the child to reach parent
 - Emergency contact information for the volunteer to reach parent
 - Emergency contact information for the parent to reach the volunteer
 - Written dosage instructions for any medications the child may be taking
 - Sleeping arrangements which allow the youth an appropriate sleeping area and privacy for changing clothes. Mixed gender sleeping arrangements of children or adults is discouraged by staff.
 - Other people (adults and children) that will be present on the overnight visit

Staff will follow up with the overnight visit and compliance with the overnight policy with all parties during the subsequent match contact. Any individual involved in the match may decide at any time to discontinue with overnight visits for any reason.

Youth Mentoring has a zero tolerance policy with any infraction of the overnight policy and reserves the right to close the match if any participant does not follow the guidelines.

Consent for Release of Personal Information

During the course of program activities, we may utilize the following for fundraising and recruitment purposes:

- | | | |
|--|---|---|
| <input type="checkbox"/> Photographs | <input type="checkbox"/> Radio Advertisements | <input type="checkbox"/> Newspaper Articles |
| <input type="checkbox"/> Video Tappings | <input type="checkbox"/> WTAJ Tappings | <input type="checkbox"/> Facebook/Website (CAS) |
| <input type="checkbox"/> Miscellaneous Public Relation Materials/Sources | <input type="checkbox"/> Other: _____ | |

These may be used for the purposes of program publicity, recruitment, and fund raising efforts related to Youth Mentoring. I hereby authorize Youth Mentoring to utilize any of the above for recruitment and fundraising (except for what is checked).

I agree to the program provisions as stated above and relieve Youth Mentoring, a program of Children's Aid Society, of any responsibilities beyond those identified. I hereby waive any and all claims against Children's Aid Society, its employees and board members, arising from activities, contacts and/or relationships as they may develop.

I consent to and understand that:

- 1) The references and youth serving-organization I listed may be contacted by mail, telephone, email, or in-person.
- 2) The information I provided may be used to conduct a background check, to include a search of public domain records, driving records check, juvenile and adult criminal history check (*see attached authorization*), military records, and other records where required by local, state, or federal law for volunteers working with youth.
- 3) I am in no way obligated to perform any volunteer services.
- 4) Youth Mentoring is not obligated to match me with a youth and may deny my application or close my match at any time, and to protect all participants' confidentiality, Youth Mentoring is not required to disclose reasons for doing so.
- 5) Other youth organizations where I have worked or volunteered may be contacted as references.
- 6) As part of the enrollment processes, I will be required to provide additional personal information, including completion of an in-person interview.
- 7) I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted below.
- 8) I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities.
- 9) I understand that certain relevant information about me will be discussed with the parent/guardian of a child who is a prospective match (*this might include demographic information, information relevant to parent/child preferences, and any information relevant to a child's safety or well-being*).
- 10) It is my responsibility to update the agency if any of the information I provide on this application, in my interview, or any other information provided during the enrollment process changes (*i.e. address, phone number, auto-insurance, new criminal charges, etc.*).
- 11) I agree to timely communication and follow-up with all agency staff.

I understand that this is an application for a volunteer opportunity and is not a promise or commitment by Youth Mentoring.

I certify that all information I have provided or will provide to Youth Mentoring, including this application, is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would affect my application for a volunteer position. I understand that information contained on my application will be verified by Youth Mentoring. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a volunteer.

At any time while involved with Youth Mentoring, I agree to immediately inform staff of any and all infractions, violations, charges and convictions related to any civil, domestic, or criminal occurrences. I understand that staff needs to be fully informed to provide the best guidance or support possible.

Signature: _____

Date _____