

For agency use only:

Govt. ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DMV Lic.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auto Ins.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ CB □SB

VOLUNTEER APPLICATION

Thank you for your interest in becoming a Mentor. Please submit completed application via:

Email: *marybethg@childaid.org*

Work Phone: (*814) 765-2686 Ext 202*

*Mobile: (814) 389-8272*

Hand deliver or mail: *1008 South 2nd Street,*

*Clearfield, PA 16830*

Along with this application, you will need to submit a copy of a government-issued photo ID, as well as your driver’s license *(if not used as your government-issued photo ID*), and a copy of proof of auto-insurance. Youth Mentoring Volunteers need to carry car insurance that has bodily injury liability in the amount of $100,000 each person/$100,000 each occurrence and $100,000 property damage. All applications will be given equal consideration regardless of race, age, sex, disability, marital status, sexual orientation, religion or national origin.

GENERAL INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: | Middle Name: | | | | Last Name: | | | | | | | Preferred Name : | | |
| Home Phone #: | Work Phone #: | | | | Cell Phone #: | | | | | | | Is it okay to text you? Yes No  Cell phone Provider: | | |
| Home Address: | | | City: | | | | | | County: | | | State: | | Zip: |
| Personal E-mail: | | | | | | | How do you prefer to be contacted?  (Phone, e-mail, time of day, etc.) | | | | | | | |
| Social Security Number (Needed for DMV Check): | | | | | | | Gender: | | | | | | Marital Status:  If applicable, maiden name: | |
| Date of Birth: | | | | | | |
| Race/Ethnicity:  American Indian or Alaska Native  Asian  Black or African American  Hispanic or Latino  Native Hawaiian or Pacific Islander  White | | | | Other  Multi-race (check all that apply)  *American Indian or Alaska Native*  *Asian*  *Black or African American*  *Hispanic or Latino*  *Native Hawaiian or Pacific Islander*  *White*  *Other* | | | | | | | | | | |
| Nationality/Country of Origin: | | | | | | | | | | | | | | |
| Occupation: | | | | | | How Long Employed? | | | | | | | Work Hours? | |
| Highest Level of Education:  Area of Study: | | | | | | | | Are you a student at this time? Yes No  If yes, please name school: | | | | | | |
| Do you have current or past military experience? Yes No | | | | | | | | | | | Dates of Service: | | | |
| Branch:  Air Force  Army  Marine Corps  Navy  Coast Guard | | | | | | | | | | | | | | |
| Component:  Active  National Guard  Reserve | | | | | | | | Are you retired? Yes No  Are you separated/discharged (other than retired)?  Yes No | | | | | | |
| If retired, separated, or discharged, please check the character of separation/discharge:  Honorable  General (under honorable conditions)  Under Other than Honorable Conditions  Bad Conduct  Dishonorable | | | | | | | | | | | | | | |
| ***Possession of a driver’s license is required if you will be transporting a program youth in any vehicle you are operating.*** | | | | | | | | | | | | | | |
| Do you have a current and valid driver’s license? Yes No | | If yes, state of issue and #: Expiration date: | | | | | | | | Do you have a vehicle?Yes No Do you have valid insurance that meets or exceeds state required minimum?  Yes 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 the Mentors mission?

Yes No

If yes, please check all interests that apply.

Becoming a donor

Helping to recruit volunteers

Volunteering at agency events for matches, Mentee, 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: | | | | | | |

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:***

Annual Parent/Guardian notification of Children’s Aid Society’s

**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, ext 202 for more information or to report.**

**Consent for Release of Personal Information**

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

**❒** Photographs **❒** Radio Advertisements **❒** Newspaper Articles

**❒** Video Tapings **❒** WTAJ Tapings **❒** Facebook/Website (CAS & YM)

**❒** Miscellaneous Public Relation Materials/Sources **❒** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

These may be used for the purposes of program publicity, recruitment, and fund-raising efforts related to the Mentors program. I hereby authorize Mentors of Clearfield County 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 Mentors of Clearfield County, a program of Children’s Aid Society, of any responsibilities beyond those identified. I hereby waive any and all claims against the 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. The YM agency 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, YM is not required to disclose reasons for doing so;
5. Other YM agencies and 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 You 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 the 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 the Youth Mentoring program, I agree to immediately inform my Caseworker of any and all infractions, violations, charges and convictions related to any civil, domestic, or criminal occurrences. I understand that Youth Mentoring staff needs to be fully informed to provide the best guidance and support possible.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

***If applicant is under the age of 18, co-signature of a parent/guardian is required for application and to obtain criminal history record check information:***

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Staff use only:

❒ **COPY OF DRIVER’S LICENCE**  ❒ **COPY OF AUTO INSURANCE CARD and Dec Sheet with 100/100/100**

❒ **ADDED TO SYSTEM** ❒ **HARD COPIES FILED Staff’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Page is intentionally blank. Please, keep the **Confidentiality Policy** for Your Records.

Thank you for applying to Youth Mentoring 😊

# Confidentiality Policy

# (To be kept for your records)

# Access to Confidential Records

In order for Youth Mentoring to provide a responsible and professional service, it is necessary for volunteers, clients, and parent/guardians of clients to share extensive personal information about themselves and their families. The agency respects the confidentiality of clients and volunteer records and with the exception of situations below, shares information about clients and volunteers only among the agency professional staff.

All records are considered the property of the agency and not the agency employees, clients, or volunteers themselves. In order to provide a service that is in the best interest of the clients served by the program, information from outside sources, including confidential references, must be assessed along with information gained from clients or volunteers themselves. Records are not available for review by clients, parents/guardians of clients, or volunteers. The parent/guardian of a client and volunteer shall be provided during the application process, a copy of this statement on confidentiality. The parent/guardian of client and volunteer shall sign a statement that he/she has read and understands the agency policy on confidentiality and agrees to program participation under the guidelines it sets forth.

# Agency Limits of Confidentiality

Information will be released to other individuals or organizations ONLY upon presentation of an authorized Release of Information form appropriately signed by the client, parent/guardian of the client, or volunteer.

Identifying information regarding clients and volunteers may be used in agency publications or promotional materials, only if the parent/guardian of the client, or volunteer has signed the Consent for Release of Personal Information form.

# Confidentiality Policy – Page 2

# (To be kept for your records)

Members of the Youth Mentoring Committee have access to files only upon authorization by formal motion of the Children’s Aid Society’s Board of Directors. Known violations shall be reported to the Children’s Aid Society Executive Director.

Information shall only be provided to law enforcement officials or courts pursuant to a valid and enforceable subpoena.

Information shall be provided to an agency’s legal counsel in the event of litigation or potential litigation involving the agency. Such information is considered privileged information, and its confidentiality is protected by law.

State law mandates that suspected child abuse be reported to the appropriate authorities. All employees are responsible for staying abreast of such reporting requirements of their respective jurisdiction and shall always comply with mandated procedures.

If an agency employee receives information indicating that a client, parent/guardian, or volunteer may be dangerous to himself or 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 local law enforcement authorities.

During the process of making a match or the continuation of a match, pertinent information may be shared with volunteer, parent, and/or child. All parties are advised that information is to be kept confidential.