

Mentor Application

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Length of time at this address: _____

Home phone: _____ Work phone: _____ Cell Phone: _____

Email: _____ How do you prefer to be contacted? _____

Date of Birth ___/___/___ Gender: Male Female

Do you have a valid driver's license? Yes No

Do you have a valid automobile insurance policy? Yes No

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Education: _____

Application Questions

Can you commit to participate in the Waterford Community Mentoring Program for a minimum of one year from the time you are matched with a youth? Yes No

Are you available to meet with a youth two hours per week? Yes No

Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program? Yes No

Are you willing to attend initial mentor training (six to nine hours) sessions and two in-service training sessions per year after being matched? Yes No

If you answered **no** to any of the above questions, please explain.

Have you ever been arrested or convicted of a crime? Yes No

Are you currently using any illegal drugs or controlled substances? Yes No

Do you drink alcoholic beverages? Yes No

Do you use tobacco products? Yes No

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

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

Have you ever been investigated or convicted of child abuse or neglect? Yes No

Have you ever been turned down as a volunteer with a youth-serving organization? Yes No

Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? Yes No

Have you ever been convicted of a DUI? Yes No

If you answered **yes** to any of the above questions please provide more specific information.

Waterford School District
Waterford Community Mentoring Program

Please read this carefully before signing:

The Waterford Community Mentoring Program appreciates your interest in becoming a mentor.

Please initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that Waterford Community Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow the Waterford Community Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license and proof of auto insurance
- Information Release Form
- Personal References Form
- Volunteer Applicant Disclosure Affidavit

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature

Date

Please return or mail this application and the items listed above to Mentoring Program Director, Waterford School District, Covert Campus, 1150 Scott Lake Road, Waterford, MI 48328. If you have questions please contact the Mentoring Program Director, Teresa Bruno at 248-421-6497 or brunot01@wsdmi.org

Information Release

I, _____, understand it will be necessary for the Waterford Community Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize the Waterford Community Mentoring Program to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for the Waterford Community Mentoring Program to conduct the same investigation of my background in previous states in which I have resided. I acknowledge that if my name is registered with the DHS central registry that the request for records will be returned to me and I must share this information with the Waterford Community Mentoring Program Director.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

Signature Date

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____

Social Security Number: ____/____/____

Current Driver's License No.: _____ State: _____

Please list any other cities, states, and dates of residency during the past 10 years.

_____ City	_____ State	_____ From (m/year)	_____ To (m/year)
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_____ City	_____ State	_____ From (m/year)	_____ To (m/year)
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_____ City	_____ State	_____ From (m/year)	_____ To (m/year)
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_____ City	_____ State	_____ From (m/year)	_____ To (m/year)
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Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include people who know you well. **If you have worked or volunteered for any other youth based organizations you must include one reference from that experience.** Any information the Waterford Community Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____ How long known: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____ How long known: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____ How long known: _____

Waterford School District Volunteer Applicant Disclosure Affidavit

Building: N/A **Volunteer Position:** Mentor **Date of Trip:** N/A
(if applicable)
Teacher Name: N/A **Student Name:** N/A

Thank you for volunteering in the Waterford School District. It has been demonstrated in numerous studies that parents are the most important influence in a child's life, even into adolescence and early adulthood stages. A parent's "first-hand" demonstration of support for our schools establishes a pattern of cooperation that will stay with a child a lifetime. To ensure our students remain in a safe learning environment we are asking you to complete the affidavit below.

I, the undersigned volunteer, affirm that I HAVE NOT AT ANY TIME, whether as an adult or juvenile:

- | | | |
|------------|-----------|---|
| YES | NO | been convicted of, pleaded guilty to (whether or not resulting in a conviction), pleaded nolo contendere or no contest to, been diagnosed as having or treated for any mental or emotional condition arising from, resigned under threat of termination of employment or volunteer work for: any allegation, any conduct, matter, or thing (irrespective of the formal name thereof), constituting or involving (whether under criminal or civil law of any jurisdiction): |
| YES | NO | <ul style="list-style-type: none"> any felony any misdemeanor rape or other sexual assault drug/alcohol – related offenses abuse of a minor or child, whether physical or sexual incest kidnapping, false imprisonment or abduction sexual harassment sexual exploitation of a minor sexual conduct with a minor annoying / molesting a child lewdness and/or indecent exposure lewd and lascivious behavior obscene literature assault, battery, or other offense involving a minor endangerment of a child any misdemeanor or other offense classification involving a minor or to which a minor was a witness unfitness as a parent or custodian removing children from a state or concealing children in violation of a law or court order |

If you answered YES to any of the above, please provide a date and brief explanation.
 Date / Explanation:

Volunteer: _____ Driver's License #: _____
(PLEASE PRINT FULL NAME CLEARLY)
 Sex: _____ Race: _____ Date of Birth: _____ Age: _____
White / Black /Asian / American Indian / Other
 Address: _____ Home Phone #: _____
Street / City / Zip Code

For Volunteer Drivers: I possess a valid driver's license and my vehicle complies with state and federal laws and I carry auto insurance including a minimum of \$100,000/\$300,000 of liability coverage.

The above statements are true and complete to the best of my knowledge. This signature authorizes the Waterford School District to complete a criminal records check with the proper law enforcement agency.

Signature of Volunteer: _____ Date: _____
 Building Signature: _____ Date: _____

Fingerprinting Required: **Yes** **No** - If yes, please report to Human Resources for processing _____
H/R Approval / Date

EMPLOYER OR VOLUNTEER AGENCY CENTRAL REGISTRY CLEARANCE

INSTRUCTIONS: All fields must be typed and completed for processing.
 Attach a copy of your agency badge OR fax cover that includes agency letterhead
 Attach a copy of each individual's picture identification.

SECTION 1 Employee/Volunteer Information (Attach additional sheets if more rows are needed)				
NAME (INCLUDING ALSO KNOWN AS NAMES, INCLUDNG MAIDEN NAMES)	DATE OF BIRTH	SOCIAL SECURITY NUMBER (IF KNOWN)	Phone #	SIGNATURE OF EMPLOYEE/VOLUNTEER

SECTION 2 Inquiring Employer/Volunteer Agency Name, Address, Phone and Fax Number	
Requesting Staff Name & Title	
Employer/Volunteer Agency Name	
Employer/Volunteer Agency Address	
Office Phone	
Office Fax	

SECTION 3 Sign, Date, and Mail or Fax this Form to the Address Below	
<p>In-state requests:</p> <p>Contact the local DHS office.</p>	<p>Out-of-state requests: Michigan Department of Human Services Children's Protective Services P.O. Box 30037 235 S. Grand Avenue, Suite 510 Lansing, MI 48909-8150 Phone: 517-335-3704 Fax: 517-241-7047</p>

The confidentiality of central registry information is protected by Sections 7 through 7j the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

By signing below, I agree that I understand that the confidentiality of central registry information must be strictly maintained and the penalties for releasing confidential information in violation of the Child Protection Law.

 Signature Date Name

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.