



community mentoring program

Mentor Application

An In-school Mentoring Program

“You can’t be what you can’t see.”

Marian Wright Edelman

Mission Statement

To engage and excite the community to provide tools for our students to thrive.

Vision Statement

Every young person will have a vision and pathway to realize self-worth, build quality relationships, pursue meaningful careers, and achieve the confidence to reach personal fulfillment.

How does the program work?

Teacher / Administrators recommend students based on perceived untapped potential. Parents / Guardians complete an extensive application / permission form. Mentors complete a similar form and submit to an Indiana State Police background check. School administrators match students and mentors. Mentors then attend an orientation session. Each child will, hopefully, meet with their mentor once each week during the lunch period or the period designated by the school. Depending on the school, the mentor may choose the day, which can vary week to week. The student’s mentor is there to be friend who, hopefully, can help their child visualizes a future where they have dreams and can see ways to realize those dreams.

Values

The Community Mentoring Program promotes college and career readiness Pre K - 12 and encourages mentors to seek to discover and then emphasize the strengths they see in their student.

The goal of the Community Mentoring Program is to make mentor/mentee matches that are meaningful.

Application to the Community Mentoring Program does not guarantee that a suitable match will be found.

Please carefully review the information contained in this five-page document. **Retain pages 1-2 for your reference** and complete the Mentoring Application on pages three through five. **Return Pages 3-7, the Mentor Application, to the school in a sealed envelope or mail it to:**

Attn: Mike Godlove,
Community Mentoring Program Director,
414 W Market Street, Monticello, IN 47960
Questions? Mike Godlove 765-543-9181 (cell)

Mentor Position Description

The Community Mentoring Program helps to empower students in our community to make positive life choices that enable them to maximize their potential. The mentoring program uses adult volunteers to commit to supporting, guiding, and being a friend to a student for a period of at least one school year. By becoming part of the social network of adults and community members who care about the student, the mentor can help them develop and reach positive academic, career, and personal goals.

Mentor Role

- Take the lead in supporting a student through an ongoing, one-to-one relationship
- Serve as a positive role model and friend
- Strive for mutual respect
- Build self-esteem and motivation
- Help set goals and work toward accomplishing them

Participation Requirements

- Make a one-school year commitment to meet with a student during their lunch period
- Be interested in working with young people
- Be willing to adhere to all program policies and procedures
- Be willing to complete the application and screening process
- Be dependable and consistent in meeting the time commitments
- Attend mentor training sessions as prescribed
- Be willing to communicate regularly with program staff
- Have a clean criminal history
- No use of illicit drugs
- No use of alcohol or controlled substances in an inappropriate manner
- Not currently in treatment for substance abuse and have a non-addictive period of at least five years
- Not currently in treatment for a mental disorder or hospitalized for such in the past three years
- Maintain strict confidentiality regarding mentee and mentee family

Desirable Qualities

- Willing listener
- Encouraging and supportive
- Patient and flexible
- Tolerant and respectful of individual differences

Benefits

- Personal fulfillment through contribution to the community and individuals
- Satisfaction in helping someone mature, progress, and achieve goals
- Training sessions and group activities
- Personal ongoing support and supervision to help the match succeed
- Mentee/mentor group activities and participant recognition events

Application and Screening Process

- Written application and required criminal background check
- Provide two personal references
- Personal interview may be required
- Attend mentor orientation

MENTOR APPLICATION – Community Mentoring Program

(Confidential Application for Volunteers)

Circle One Choice for noon mentoring: Frontier North White Tri-County Twin Lakes

Name: _____ Birth date: _____

Home Address: _____ City/State/Zip/County: _____

Current occupation: _____ Company Name: _____

Work Address: _____ City/State/Zip: _____

Work Phone: _____ Fax: _____

Hours of employment: _____ Cell Phone: _____

Home Phone: _____ E-mail: _____

Best time to be contacted: _____ May we call you at work? _____Y _____N

Do you have a valid driver's license? _____Y _____N Car Insurance? _____Y _____N

Do you speak any other language besides English? If so, which languages? _____

Educational Background: _____

Volunteer Experience: _____

Groups/Clubs/Professional Organizations or Board Service Participation:

What is your job and how did you choose this field?

How did you hear about the Community Mentoring Program?

Why are you interested in being a mentor or what would you like to get out of being a mentor?

Have you mentored with any other program before? If yes, what was your experience like?

We strive for a weekly meeting between mentor and mentee.

Are you able to meet the commitment of one school lunch period per week?

_____ Yes _____ No Explain _____

Are you able to make at least a one-school-year commitment?

_____ Yes _____ No Explain _____

Any other information you'd like us to know about you or information that would be helpful when matching you with a child mentee?

Would you be interested in or willing to work with a child who is or likes: (please check all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Adventurousome | <input type="checkbox"/> Animals / Pets | <input type="checkbox"/> Athletics / Sports | <input type="checkbox"/> Artistic |
| <input type="checkbox"/> Board Games | <input type="checkbox"/> Builder | <input type="checkbox"/> Confident | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Enjoys outdoors | <input type="checkbox"/> Friendly | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Inquisitive | <input type="checkbox"/> Insecure | <input type="checkbox"/> Learns quickly | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Musical | <input type="checkbox"/> Nervous | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Science |
| <input type="checkbox"/> Sensitive | <input type="checkbox"/> Shy | <input type="checkbox"/> Spiritual | <input type="checkbox"/> Plants / Gardening |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Talkative | <input type="checkbox"/> Technology | <input type="checkbox"/> Video games |

Please list your hobbies & interests:

Other information we might use to match you with a child:

Have you ever been convicted of a crime or are you currently released on bail, or on your own recognizance for any crime? _____ Yes _____ No If yes, please explain:

Please provide us with two personal references:

1. Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

2. Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Please read this carefully before signing:

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 the Community Mentoring Program is not obligated to provide a reason for its decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow the 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 acknowledge that before I am assigned a mentee, I must have the required criminal background check on file with the Community Mentoring Program.

By signing below, I attest to the truthfulness of all information listed on this application and have read, understand, and will strive to adhere to the elements listed on the Mentoring Job Description. The goal of the Community Mentoring Program is to make matches that are meaningful. **Applying to the Community Mentoring Program does not guarantee that a suitable match will be found.**

Mentor Applicant Signature

Date

***Be sure to complete the background check release form on
page 7***

Please return this form to the school in a sealed envelope or mail it to:

Attn: Mike Godlove
Community Mentoring Program Director
414 W Market Street, Monticello, IN 47960
Cell 765-543-9181

Equal Opportunity Statement: We do not discriminate based on age, gender, disability, race, religion, or ethnicity. Answering the following questions is voluntary and used only for the purpose of identifying risk factors and/or for the purpose of making cultural considerations for the matching process between the Community Mentoring Program mentor and mentee. Information on this form will only be released to the Community Mentoring Program Staff, child's school and/or your child's personal Community Mentoring Program Mentor.

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Be sure to complete the background check release form on page 7



Dear Potential Mentor,

First, thank you for volunteering to be a mentor with the Community Mentoring Program (CMP). While we cannot guarantee that we will find a student mentee match for every mentor applicant, we are very committed to a focused, careful process. Statistics show that diligence in the initial matching is very important for a successful outcome.

Due to society's changing times, it has become necessary to more closely monitor adults who are directly involved with our children. Acknowledging our responsibility to both our children and community, criminal background checks will be required of all CMP volunteers working with children.

Please complete the following information to indicate your willingness to allow your school corporation to conduct a Indiana State Police Limited History Criminal Background check. The information listed will be kept confidential, used only by the School Administrators. There is no fee for this service.

Potential Mentor's Name: _____

Address: _____

Home Phone: _____ Cell or Work Phone: _____

Background Information Required:

Name: _____ /_____/_____
Print Your Full Legal Name Date of Birth

For the background check please complete the line for your school corporation:

- Frontier and Twin Lakes do not require a SSN: N/A
- North White & Tri-County require a full Social Security Number: ____ - ____ - _____

Signature: _____ Date: _____

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mikegodlove@gmail.com