

One on One Mentoring Program

Mentor Application, Screening, and Training

The following procedures have been established for the selection of mentors for the One on One Mentoring Program. These procedures are in effect in order to provide for the safety and well being of both the mentors and students who participate in One on One and to ensure the integrity of the program.

1. Completion of the One on One **Mentor Application**

The application includes space for listing of three (3) business or professional references, one of whom should be the applicant's present supervisor or professional associate. **All information in the application is confidential.**

2. Completion of the **Consent to Cause a Criminal Records Check**

A Criminal Records Check is conducted through the State of Wisconsin. Also, a driving record check is conducted and the applicant may be asked to submit proof of current auto insurance. Information contained in the completed checks is reviewed by the Director of One on One. Any information of a nature that questions the ability of the mentor to work safely with a child will be reviewed with the mentor by the Director.

3. Completion of **New Mentor Training**

The applicant must complete a two and a half hour training - covering an overview of the program, mentoring, job description and guidelines, the Asset Model, adolescence, communication, the basics of how to get started, and some role-play. A Mentor Manual will be distributed.

4. **Interview with One on One staff**

Each new mentor will have a brief interview with the staff person responsible for his/her site to determine the best match possible.

No mentor will be matched with a student until the above are completed.





MENTOR APPLICATION

AYMCA Mentoring Program

Office Use Only

Site: _____ HOSTS Traditional
 Interview Date ___/___/___ Training Date ___/___/___
 CBC: Y N HOSTS Training Date ___/___/___
 References: 1 2 3
 Comm. Statement Photo Release Newsletter
 Student's Name: _____
 School: _____ Match Date: ___/___/___

PLEASE PRINT

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Home Email Address: _____

Date of Birth: ___/___/___

The following information will be used in the matching process and for evaluation demographics:

Sex: Male Female Race: _____

Marital Status: _____ Ages of Children: _____

Current Employer: _____ Business Phone: _____

Business Email Address: _____ Fax Number: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ Length of Time with Employer: _____

Previous Employers (if less than 5 years with current employer):

Please list previous volunteer experience. _____

Please list clubs or organizations of which you are presently a member.

Have you had any previous experience working with teens? Yes No If yes, please explain.



What are some of your interests, hobbies or skills?

Do you speak any foreign languages fluently? Yes No If yes, what language(s)? _____

What days and times are you available to mentor? What day is most convenient for you?

Are you able to commit to this position for one year? Yes No

Do you have any physical or mental conditions that would limit your ability to serve as a mentor? If so, please describe.

Do you have any prior or pending arrests or convictions? Yes No If yes, please explain. (Answering "yes" will not

automatically disqualify you as a mentor.)

How did you hear about One on One? _____

Please list three business/professional references. Be sure to include all necessary details.

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, State, Zip			
Phone			
Email			
Relationship			

Please sign below to indicate that all of the information you have recorded on this application is accurate to the best of your knowledge.

Signature: _____ Date: _____

All information contained in this application is confidential. For more information or questions, contact us at the phone number below.





CONSENT TO CAUSE A CRIMINAL HISTORY/RECORDS CHECK

Office Use Only	
Site: _____	
Approved: <input type="checkbox"/> Y <input type="checkbox"/> N	
By: _____	Date: ___/___/___

As a condition for participating as a mentor in the One on One program, I authorize the One on One Director to cause a Criminal History/Records Check to be done by the State of Wisconsin. I understand that records may also be checked at the City and/or Federal level.

I authorize the release of this information to the Director and will hold harmless the Director and any law enforcement agency personnel gathering this information.

Name (please print) _____
(Last) (First) (Middle)

Maiden Name or Any Other Name Used: _____

Date of Birth: ___/___/___

Race: _____

Gender: Male Female

Driver's License Number: _____ State: _____

Date of Authorization (Today's Date): ___/___/___

Do you have any *prior or pending arrests or convictions*? Yes No

If yes, please explain (Answering "yes" will not automatically disqualify you as a mentor).

Signature: _____



PHOTO RELEASE

I grant permission to the YMCA of Metropolitan Milwaukee and Milwaukee Mentors, on behalf of Milwaukee Mentor Partner Agencies, to use photographs taken of myself, for use on YMCA of Metropolitan Milwaukee and/or Milwaukee Mentors web sites, print material or other electronic form or media without notifying me.

I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I hereby agree to release and hold harmless the YMCA of Metropolitan Milwaukee and Milwaukee Mentors via electronic or media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product.

I am 18 years of age and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: ____/____/____

