



MENTOR APPLICATION and RELEASE FORM

Thank you for your interest in mentoring with our church and Kids Hope USA. Please review and complete this application and initial the responses in the commitment and release portion of the form to be considered for this volunteer mentor position.

Overview: Role Description

A Kids Hope USA mentor provides one-to-one mentoring and affirmation for one elementary-aged child at our partner school. Training will be provided to help mentors develop a successful mentoring relationship with a child. Mentors will have access to mentoring resources provided by our Kids Hope USA program. Classroom teachers may supplement with materials to support specific academic needs. Mentors and children meet one-on-one in an open, supervised location in the school building as designated by the school; or, if mentoring virtually, in a supervised session. Mentors are never to be alone with their student. The church director will monitor, advise, assist, and support all mentors.

Qualifications:

- Be eager to listen to a child, being sensitive to his/her needs
- Be at least 16-years old
- Attend our church regularly
- Have reliable transportation for in-person mentoring
- Have access to a digital device connected to the internet for training and communications
- Respect the separation of church and state guidelines
- Commit to visit one student one hour each week during the school day for one school year
- Successfully complete the screening and training process
- Commit to maintaining confidentiality and following program rules

Requirements and Application Process

As part of the process, mentors...

- Will participate in an interview and complete required training
- Will complete and pass the screening process [background check and 3 references]
- Will complete and sign the attached Volunteer Pledge & Release



VOLUNTEER MENTOR APPLICATION

Name _____

Address _____

Phone _____ Email _____

Driver's License #: _____ Sex: ____Male ____Female

Date of Birth: _____ How long have you lived at your current address? _____

Previous Address: _____

List all other states where you have lived as an adult. _____

Please list all previous volunteer work or employment involving children or students. List each organization's name and address, type of work, dates, and a contact person familiar with your work there. (Use the back of this page for more space, if necessary.)

Are you currently employed? If so, please list current employer: _____

Why do you want to serve as a mentor?

Have you ever been convicted of, pled guilty to, or pled no contest to a crime other than a minor traffic violation? Yes No

If yes, please explain: _____

Has someone ever accused you of physically or sexually abusing or molesting a child? _____

Best method to contact you: Phone Email Text

Please indicate the days and times you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Block					
Lunch					
Afternoon Block					



REFERENCES

Please list three references including:

- a professional reference,
- a personal reference,
- and a family member.

References must be over the age of 18 and have known you for at least a year. One reference should be a member of the opposite sex.

Name: _____

Address: _____

Phone _____ Email _____

Relationship: _____ Length of Relationship: _____

Name: _____

Address: _____

Phone _____ Email _____

Relationship: _____ Length of Relationship: _____

Name: _____

Address: _____

Phone _____ Email _____

Relationship: _____ Length of Relationship: _____



VOLUNTEER PLEDGE AND RELEASE

My Pledge

As a mentor, I *commit* to the following statements (Please initial each of the following statements):

- _____ I understand that my references and contacts from prior church or non-church work with children, students, or disabled adults will be contacted.
- _____ I understand that I must be interviewed and receive pastoral approval before I begin service as a volunteer in _____ Church's Kids Hope USA program.
- _____ I understand that I can withdraw from the application process at any time.
- _____ I understand and agree that any information received from the background check and application verification will not be disclosed to me except as required by law, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.
- _____ I understand and agree that false statements regarding past conduct and/or present situations may be grounds for denial of this application to provide volunteer services, and that refusal to inform _____ Church of the contents of a sealed criminal record will result in the automatic denial of the application.

Personal Release

By initializing each section below,

- _____ I declare that all statements contained in my application are true. I understand that any misrepresentation or omission is cause for dismissal from any ministry involvement. I authorize investigations of all statements contained in this application.
- _____ I authorize _____ Church to contact all individuals, organizations and references listed on this Volunteer Mentor Application Form in order to verify the information I have provided.
- _____ I specifically authorize the church to undertake a criminal background check.
- _____ I declare that I am not a pedophile or child molester. I have not perpetrated physical abuse, sexual abuse, emotional abuse or neglect against a child, student or disabled adult, and I have never been accused of these acts.
- _____ If accepted as a volunteer, I agree to read and abide by all Policies and Procedures provided to me by _____ Church.
- _____ I agree to release from liability any person or organization providing information related to me, including those persons I have listed as references, as well as contact persons from my previous volunteer work or employment with children.

By signing this form, I certify and affirm that the information I have given on this form is true, complete, and correct in all respects.

Signature: _____ Date: _____

For Office Use Only

I have reviewed this application and have noted any missing information.

Screening Member Signature: _____ Date: _____