



Please list three personal references (two must be non-family) who have known you for at least one year. **Please be sure to include all information requested.**

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Relationship to you _____ How long have you known? _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Relationship to you _____ How long have you known? _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Relationship to you _____ How long have you known? _____

Your addresses over the last three years, prior to your current address: If same, check here.

Street _____ Apt# _____ City _____ State _____

Street _____ Apt# _____ City _____ State _____

(attach additional sheets if necessary)

Have you ever been convicted of, plead guilty or nolo contendere (neither admitting nor denying the charge) to, or received a suspended imposition of sentence, been placed on probation, or otherwise found guilty of:

Any criminal or municipal ordinance violation: Yes No DUI/DW I: Yes No

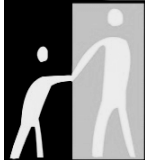
Have there ever been allegations, complaints or reports regarding your involvement in child abuse or neglect? (regardless of whether the incident was confirmed or denied) Yes No

If yes to any of the above, please provide date, description and explanation of each incident on additional paper.

You have my permission to contact the references listed above. I understand that any omissions or misstatements made by me on this application form may be cause for my application to be declined or volunteer status to be terminated. I consent to Volunteers for Youth to verify any information I have provided. I declare that all statements I have made on this application are true, correct and complete to the best of my knowledge. I understand that Volunteers for Youth, at their sole and complete discretion, may accept or decline this application without providing me any reasons for the decision.

Signature

Date



**Mentor Questionnaire
Volunteers for Youth
PAL Mentoring Program**

Please answer the following questions as honestly and completely as you can. This questionnaire is designed to help us determine a good fit within our program and enable us to make good matches with the youth we serve. If you need additional space for any of the questions, please use the back of the page, or add an additional sheet if necessary.

Name _____ Date: _____

1) Why do you want to be a mentor with the PAL Program?

2) How will you benefit from being a volunteer with the PAL Program?

3) What are your expectations for mentoring; what do you hope to gain from this experience?

4) What strengths do you bring to the PAL Program for being a mentor?

5) What do you think are your personal limitations?

6) What are your areas of special interest? What do you do in your free time?

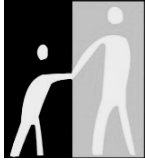


- 7) What other volunteer experiences have you had?
- 8) Have you worked with children/young people before? If so, in what capacity?
- 9) Working with young people can be frustrating, how do you handle frustrations?
- 10) Tell us a little about your background, where and how you were raised, how you would describe your childhood.
- 11) Do you have any health issues or limitations? If so, please explain.
- 12) Have you ever received counseling or behavioral health treatment? If so, please explain when the treatment was, how long you attended, was it inpatient or outpatient and what, specifically you were treated for.
- 13) What is your expectation of the supervision you will receive in your capacity as a mentor?



Please respond to the following:

- A) You have rearranged your schedule two weeks in a row to be able to meet with your mentee and then find out he/she is absent when you have arrived at the school. How do you feel? How would you respond'?
- B) How would you respond in a situation where your mentee asks you for money to purchase something?
- C) You are meeting with your mentee at the end of the school day on a rainy, cold day. Your mentee has to walk home at the end of the day. He/she tells you they really don't feel well, starts coughing and asks if you would give them a ride home when school lets out. How do you respond?
- D) Your mentee has shared with you in the past that he/she really feels comfortable talking to you and knowing that what you talk about stays just between the two of you. A few weeks later, your mentee shares with you that he/she has not been getting along well with mom and a few disagreements have led to physical fights between them. He/she has some bruises on the arms and shoulders, but says he/she told everyone that they were from wrestling with siblings. How do you respond?



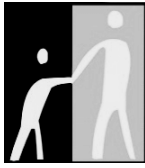
**Mentor Confidentially Agreement
Volunteers for Youth
PAL Mentoring Program**

The Family Educational Rights and Privacy Act or 1974 (FERPA) protects the privacy rights of the student. All student records are confidential. It is the responsibility of each and every person, professional and non-professional, who obtains information from a student receiving services from/through the mentoring program in Volunteers for Youth to maintain complete and total confidentiality of any and all information collected, filed, or stored. This includes discussion of information about a student in front of or with other persons. Requests for information about a student are to be referred to the responsible counselor, principal or program coordinator. Privilege to release information belongs to the school and cannot be waived by anyone else.

I have read, do understand and agree to the above policy.

Signature

Date



**Mentor Commitment Pledge
Volunteers for Youth
PAL Mentoring Program**

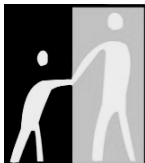
My signature below indicates my agreement to the following:

- I understand that all meetings and/or activities with my mentee must take place on the school campus as a part of a school sponsored field trip or activity.
- I understand that consistently meeting with my mentee on hour per week is one of the most important things I can do as a mentor.
- I understand that off-campus personal contact between my mentee and myself is strictly prohibited.
- I will meet with my mentee in an open area in full view of school officials.
- I will not manufacture, possess, distribute, or use any illegal substance.
- I will not display demeaning, suggestive, or pornographic material.
- I will not engage in demeaning or exploitive behavior of either a sexual or nonsexual nature, including threats of such behavior.
- I will check in and check out at the school office each time I visit the school, signing the PAL Program log book and writing a brief description of my session with my mentee on the summary sheet.
- I realize transporting my mentee in my personal automobile is strictly prohibited.
- I will limit physical contact with my mentee to holding a hand (if age appropriate), giving a soft pat on the back, or sharing of a hug initiated by mentee in full view of school officials.
- I realize all information I am told about my mentee is confidential and sharing that information with others may be a violation of the law.
- If my mentee confides that he or she is a victim of sexual, emotional, or physical abuse, I realize I must notify the student's principal or counselor immediately. I will make a note of when the information was reported and to whom.
- If my mentee tells me of their involvement in any illegal activity, I will tell the principal or counselor immediately and again, make a note of when this information was reported and to whom.
- I will maintain regular contact with the PAL Program staff by responding to phone calls, texts, emails, and letters.
- If a problem arises in my match relationship, I will notify the PAL Program staff immediately.
- I agree to participate in the end of year program evaluation.
- I will contact the school office if I am unable to meet with my mentee.
- I realize these procedures and policies are designed to protect the students from harm and to prevent even the appearance of impropriety on the part of the PAL Program and its individual mentors. One accusation could seriously damage the reputation of all those participating and endanger our entire program.
- I understand that failure to adhere to these policies and procedures may result in my removal from participation in the PAL Program.

Name

Signature

Date



**Mentor Release Statement
Volunteers for Youth
PAL Mentoring Program**

I, _____ hereby state that if accepted as a mentor, I agree to abide by the rules and regulations of the Volunteers for Youth PAL Mentoring Program. I understand that the program involves spending a minimum of one hour per week, face to face for the traditional PAL Program and emailing once a week with a face to face visit one time per month at the assigned school location for the e-PAL Program. Further, I understand that I will attend a training session, keep in regular contact with my mentee, and communicate with staff regularly during this period. I am willing to commit to one year in the program and then be asked to renew for another year.

I have not been convicted, within the past 10 years, of any felony or misdemeanor classified as an offense against a person or family, or public indecency, or a violation involving a state or federally controlled substance. I am not under current indictment.

Further, I hereby fully release, discharge, and hold harmless Volunteers for Youth, participating organizations, and all of the foregoing employees, officers, directors, and coordinators from any and all liability, claims, causes of action, costs and expenses that may be or may at any time hereafter become attributable to my participation in the PAL Mentoring Program.

I understand that the Volunteers for Youth staff reserves the right to terminate a mentor from the program. The program takes place within the confines of the program's policies and does not encourage or approve of relationships established between mentor/mentee and family members beyond the organized and supervised activities of the program. I give permission for program staff to conduct a criminal background check as part of the screening for entrance into the program. This includes verification of personal and employment references as well as a criminal check with the local authorities. Program staff has final right of acceptance of applicant into the program and reserves the right to terminate a mentor from the program at any time. I have read the above Release Statement and agree to the contents. I certify that all statements in this application are true and accurate.

Signature of Applicant

Date

To be completed by the mentoring organization:

Volunteer ID: _____

Type of official government
ID examined (append copy): _____

**VOLUNTEER APPLICATION FOR PROSPECTIVE MENTORS
PUSUANT TO THE PROTECT ACT**

Name and address of organization: Volunteers for Youth
1700 S Lynn Riggs Blvd #A
Claremore, OK 74017

Name: _____
First Middle Maiden Last

Other names by which known: _____

Date of Birth: _____

Address: _____
Street Apt.

City State Zip Code

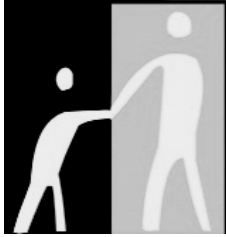
Please check the appropriate box and, if necessary, fill in the requested information:

I have a criminal record, and the following are the particulars (offense, date, location/jurisdiction, circumstance and outcome) of such record:

I do not have a criminal record .

By signing this form, I acknowledge that I have been provided with a copy of this volunteer form and notice. My signature constitutes an acknowledgment that a Federal Bureau of Investigations criminal history background check will be conducted. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief. I swear or affirm that the fingerprints submitted in support of this application are mine. I understand that MENTOR is not liable for the mentoring organization's screening decision, nor for the fitness determination made by NCMEC.

Date: _____ Signature: _____



Volunteers for Youth

...because they're worth it!

1700 S Lynn Riggs Blvd. #A - Claremore, OK 74017

918-343-2530

www.volunteersforyouth.com

Dear Valued Volunteer:

It is our due diligence that we background check each and every volunteer in our PAL Program and BLAST program. The Rogers County Sheriff's office graciously allows us to send our volunteers to their building for a free scanned fingerprinting. At your earliest convenience, please visit the sheriff's office *during the timeframe in which they do fingerprinting* (see hours below). Take this letter with you to show that your fingerprints are for Volunteers for Youth.

Roger's County Sheriff's Office Address:

201 S Cherokee Ave, Claremore, OK 74017

Fingerprinting hours

Weekdays 9:00am-11:00am and 1:00pm-3:00pm

Once you have the fingerprint card, please bring it to the Volunteers for Youth office at Grand Bank. Thank you for your cooperation on this matter and thank you, most of all, for your willingness to give time to impact the youth in Rogers County.

Executive Director