

Youth Mentoring Partnerships



Resource Parents/Teen Partners/Teen Work
Making Mentoring Work

Mentor Application Packet

(Please circle your interest)

Teen Work

Teen Partners

Resource Parents

Advent
Enterprises, Inc.
Dignity through Employment

Advent Enterprises
Job Center/ YMP
400 Wilkes Blvd
Columbia, MO 65203
(573) 449-3431
(573) 875-0619 (fax)
YMP@advent.org



Advent's Youth Mentoring Partnerships

Mentor Application

Name (please print) _____ Date _____
Address (home) _____
City State Zip
Place of employment _____
Work address _____
City State Zip
Home phone _____ Work phone _____
Email address _____

EMERGENCY MEDICAL INFORMATION

Date of Birth: _____ Social Security Number: _____
Person To Contact In Case Of Emergency: _____
Relationship: _____ Bus.Phone: _____ HomePhone: _____
Family Doctor: _____ Phone #: _____
Other Pertinent Doctor: _____ Phone #: _____
Allergies: _____
Signature: _____ Date: _____

Your age: ___ 22-30 ___ 31-40 ___ 41-50 ___ 51+ Birthdate _____
Your race/ethnicity _____
Do you have children? ___ no ___ yes ages _____

1. Your educational background (include school(s) and degree(s)):

2. Please describe your current employment (job title, responsibilities, etc.):

3. Current and past participation in community activities (be sure to include any involvement with youth-serving agencies):

4. Hobbies/activities:

5. Please check the times you are most able to meet with youth:

weekdays evenings weekends daytime

Do you have any limitations on your time? If yes, please comment. _____

6. Describe life experiences you have had that will assist you in mentoring a youth.

7. Do you have the use of a car? yes no

8. Have you ever been arrested for driving while under the influence of alcohol or other drugs? no yes

If yes, please explain _____

9. Have you ever been convicted of a crime? no yes

If yes, please explain _____

10. Have you had any serious physical or psychiatric illnesses in the past five years?

no yes

If yes, please explain _____

Are you currently under a physician's care for the above? yes no

Do you take medication regularly that may affect your ability to serve as a mentor?

no yes

11. Are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance, or care of adolescents?

no yes

If yes, please explain _____

12. Please give us the names, addresses and daytime telephone numbers of three people who have known you for at least one year and can vouch for your character. One of these people must be your employer or supervisor if you are employed outside of the home. Do not include people related to you by blood or marriage. References will remain strictly confidential.

1. Name _____ Daytime Phone _____

Address _____
City State Zip

Relationship to you _____

2. Name _____ Daytime Phone _____

Address _____
City State Zip

Relationship to you _____

3. Name _____ Daytime Phone _____

Address _____
City State Zip

Relationship to you _____

I, _____, certify that the above is true to the best of my knowledge. I grant permission to Advent's Youth Mentoring Partnerships to verify my employment, contact the references I have provided, and perform a criminal and child abuse/neglect check on me. I hereby release and hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Youth Mentoring Partnerships and/or their employees.

Signature

Date

Staff signature

Date

Advent's Youth Mentoring Partnerships

Mentor Preference Form

Mentor Name _____ **Date** _____

The following information will help the YMP staff as they match mentors and youth. Please answer honestly. We cannot guarantee that we can match you with a youth that meets all your preferences.

What would you like your mentee to be?

Age: 14-17 18-21 no preference

Gender: female male no preference

Race: Black White Other no preference

Describe any other characteristics you hope your mentee will have:

What would you like to gain from participating in the YMP programs?

Why do you want to be a mentor?

Please check how you feel about the following. You may add additional items at the end if you wish.

I can Handle	I can handle Somewhat	I cannot handle	A youth who.....
_____	_____	_____	is not clean
_____	_____	_____	lives in an unclean home
_____	_____	_____	uses bad language
_____	_____	_____	is shy
_____	_____	_____	has been sexually abused
_____	_____	_____	has a juvenile record
_____	_____	_____	smokes cigarettes
_____	_____	_____	drinks alcohol
_____	_____	_____	uses illegal drugs
_____	_____	_____	lives in a bad neighborhood
_____	_____	_____	is not married but has children
_____	_____	_____	in living with a boy/girlfriend
_____	_____	_____	does not like her baby's father
_____	_____	_____	does not like his baby's mother
_____	_____	_____	has dropped out of school
_____	_____	_____	has no desire to complete his/her education
_____	_____	_____	is still in school
_____	_____	_____	has strong religious beliefs
_____	_____	_____	has no religious beliefs
_____	_____	_____	habitually lies
_____	_____	_____	exaggerates the truth
_____	_____	_____	does not show affection
_____	_____	_____	does not show appreciation
_____	_____	_____	talks a lot
_____	_____	_____	cries a lot
_____	_____	_____	is on welfare, or whose family is on welfare
_____	_____	_____	does not respect authority
_____	_____	_____	has a physical handicap
_____	_____	_____	has a mental handicap
_____	_____	_____	has tested positive for a sexually transmitted disease
_____	_____	_____	has been caught stealing
_____	_____	_____	is sexually active
_____	_____	_____	has a gay/lesbian lifestyle
_____	_____	_____	is in a multicultural relationship

Name _____ Date _____

ACTIVITY/INTEREST INVENTORY

We would like you to fill out the information on this sheet so that we will have a better understanding of your likes and dislikes. This will help you in being matched with someone who is compatible with you. PLEASE MARK THE WAY YOU FIRST FEEL ABOUT THEM.

Directions: Put a + (**plus**) beside the activities that you **LIKE**.
Put a - (**minus**) beside the activities you **DON'T LIKE**.
Leave **blank** those you **DON'T FEEL ONE WAY OR THE OTHER ABOUT**.

If it applies to the activity, please:

Put a **LP** beside activities you **LIKE PLAYING**.

Put a **LW** beside activities you **LIKE WATCHING**.

Put a **B** beside activities you **LIKE PLAYING AND WATCHING**.

-
- | | | |
|--|---|---|
| <input type="checkbox"/> Watching movies | <input type="checkbox"/> Watching TV | <input type="checkbox"/> Ice Skating |
| <input type="checkbox"/> Seeing plays/musicals | <input type="checkbox"/> Listening to Music | <input type="checkbox"/> Roller Skating |
| <input type="checkbox"/> Art museums | <input type="checkbox"/> Being with friends | <input type="checkbox"/> Rock Climbing |
| <input type="checkbox"/> Ballet | <input type="checkbox"/> Drawing | <input type="checkbox"/> Rappelling |
| <input type="checkbox"/> Opera | <input type="checkbox"/> Painting | <input type="checkbox"/> Backpacking |
| <input type="checkbox"/> Parties | <input type="checkbox"/> Singing | <input type="checkbox"/> Dating |
| <input type="checkbox"/> Concerts | <input type="checkbox"/> Dancing | <input type="checkbox"/> Model Rockets |
| <input type="checkbox"/> Pottery | <input type="checkbox"/> Talking with friends | <input type="checkbox"/> Sculpting |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Travel | <input type="checkbox"/> Leatherwork |
| <input type="checkbox"/> Scrapbooking | <input type="checkbox"/> Floral arranging | <input type="checkbox"/> Beadwork |
| <input type="checkbox"/> Working on cars | <input type="checkbox"/> Woodworking/carving | <input type="checkbox"/> Dominoes |
| <input type="checkbox"/> Drama/Theatre/Acting | <input type="checkbox"/> Model planes | <input type="checkbox"/> Jogging |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Model cars | <input type="checkbox"/> Riding around in a car |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Go-carting | <input type="checkbox"/> Snow sledding |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Riding motorcycles | <input type="checkbox"/> Croquet |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Biking | <input type="checkbox"/> Ping Pong |
| <input type="checkbox"/> Auto Mechanics | <input type="checkbox"/> Camping | <input type="checkbox"/> Badminton |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Hunting | <input type="checkbox"/> Writing songs |
| <input type="checkbox"/> Card Games | <input type="checkbox"/> Fishing | <input type="checkbox"/> Babysitting |
| <input type="checkbox"/> Computer Games | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Checkers | <input type="checkbox"/> Pinball | <input type="checkbox"/> Working on computer |
| <input type="checkbox"/> Chess | <input type="checkbox"/> Writing poetry | <input type="checkbox"/> Playing instrument |
| <input type="checkbox"/> Boardgames | <input type="checkbox"/> Writing stories | |
| <input type="checkbox"/> Jigsaw puzzles | <input type="checkbox"/> Knitting | <input type="checkbox"/> Skateboarding |
| <input type="checkbox"/> Judo/Karate | <input type="checkbox"/> Crocheting | <input type="checkbox"/> Snowboarding |
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Hiking | <input type="checkbox"/> Scooters |
| <input type="checkbox"/> Scuba diving | <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Animals/pet |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Field hockey | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Shooting pool | <input type="checkbox"/> Fooseball |
| <input type="checkbox"/> Track | <input type="checkbox"/> Boxing | <input type="checkbox"/> Air hockey |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Handball | <input type="checkbox"/> Computer/arcade games |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Water skiing | <input type="checkbox"/> Ping pong |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Snow skiing | |
| <input type="checkbox"/> Miniature golf | <input type="checkbox"/> Snowboarding | |
| <input type="checkbox"/> Golf | <input type="checkbox"/> River rafting | |
| <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Sailing | |
| <input type="checkbox"/> Football | <input type="checkbox"/> Rugby | |
| <input type="checkbox"/> Car racing | <input type="checkbox"/> Archery | |

- Over -

1. What are the three things you **enjoy doing the most**?

- 1.
- 2.
- 3.

2. What are the three things you **really don't like to do**?

- 1.
- 2.
- 3.

List any other activities you

enjoy. _____

_____.

Advent's Youth Mentoring Partnerships

Mentor Agreement

I, _____, hereby agree to serve as a volunteer mentor for a youth in Advent's Youth Mentoring Partnerships.

I understand that other persons may assist or be associated with my mentee. Any persons involved in this program are required to keep information about me and my family confidential.

I understand that:

- My role is to spend time with my mentee to provide friendship, support, encouragement, and assistance with job skills, life skills, and (where necessary) parenting skills
- I have been provided a copy of the Mentor Description which outlines the overall responsibilities and duties of being a YMP Mentor
- My background, education, and experience will be reviewed and must meet those desired and those stated in the Mentor Description
- I will participate in training that will help me be a more effective mentor
- I will communicate with the YMP staff to monitor the success of the match
- I will be asked to give written permission to have background screenings done to determine if I have any criminal convictions or child abuse/neglect cases against me
- I will be asked to provide the names and addresses of three (3) people who will be asked to provide reference for me
- I do not qualify for Advent's health, disability, dental, life, or professional insurance programs
- I am aware that, during the times I am on Advent's property, I am covered by Advent's workers compensation policy
- I will be asked to provide proof of vehicle insurance liability and proof of driver's license
- As a volunteer, I may choose to stop participating at any time

I understand that if I know about any life-threatening or abusive situations that may affect my mentee, I must report them to the YMP staff.

Signature _____ Date _____

Confidentiality Agreement

I agree to keep all information about my mentee and other participants in YMP confidential. I will not share this information with anyone outside the program.

Signature _____ Date _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the [complete text of the FCRA](#), 15 U.S.C. §§1681-1681u. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future

reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552* 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 * 202-720-7051