

# Mentor/Volunteer Application



Dear Volunteer/Mentor,

We are delighted that you've chosen to be a role model for children through our Volunteer/Mentor Program for young ladies. Please complete the following in-depth application to let us know you better and match you with an appropriate student. Please email completed application to [info@bellakind.org](mailto:info@bellakind.org)

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Profession: \_\_\_\_\_ Title: \_\_\_\_\_

Do you have a valid Driver's License? Yes / No - A vehicle? Yes / No - Auto Insurance? Yes / No

Emergency Contact: \_\_\_\_\_

Name

Phone Number

Bilingual? Indicate Languages/ Written/ Spoken: \_\_\_\_\_

How would you describe your personality? Circle all that apply.

Encouraging

Friendly and outgoing

Talkative

Funny

Laid Back

Serious

Motivational

Life of the Party

Reserved

Quiet

What do you do in your free time? Circle all that apply.

Watch Movies/ Listen to Music/ Play Video Games/ Enjoy the Outdoors/ Play Sports/ Garden

Read/ Enjoy your Hobby/ Other (Please list) \_\_\_\_\_

Why would you like to be a Volunteer/Mentor? \_\_\_\_\_

Do you have any special skills, certifications, talents, licenses etc.? \_\_\_\_\_

List previous work or volunteer experiences with young people, length of time & age of child(ren)

(i.e., Scouts, Church, Community, etc.): \_\_\_\_\_

Availability to Mentor/Volunteer? Summer: \_\_\_\_\_ Year-Round: \_\_\_\_\_ Other: \_\_\_\_\_

Days available: Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

Do you object to our agency running a background check on you? \_\_\_ Yes \_\_\_ No

Have you had a background check performed in the past year? \_\_\_ Yes \_\_\_ No

(NOTE: A background check is required to serve as a Mentor for this program.)

(There is not a background check requirement to serve as a volunteer for this program.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## REFERENCES (No relatives, please.)

List three people you would like to use as character references.

Provide complete information below.

### (1) Reference

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

### (2) Reference

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

### (3) Reference

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Motivation for Mentoring:

\_\_\_\_\_ I have an interest in teaching    \_\_\_\_\_ I know a mentor    \_\_\_\_\_ I am a Parent/Have a child

\_\_\_\_\_ I see a need for mentors    \_\_\_\_\_ I saw an ad about the program    \_\_\_\_\_ Word of mouth

\_\_\_\_\_ Someone asked me to be a mentor    \_\_\_\_\_ Religion/Faith    \_\_\_\_\_ Other

\_\_\_\_\_ I belong to a group/organization that is participating in the program.

I hereby certify that the aforementioned statements are true and correct to the best of my knowledge. I hereby grant the agency permission to verify such answers. I understand that any false statement on this application may be considered as sufficient cause for rejection of this application or for immediate suspension of my participation in the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Terms of Mentorship/Volunteering

1. Attend a one-hour orientation session (volunteer/mentor) and two-hour training session (mentor), which will prepare you to work as mentor/volunteer and provide ideas and activities.
2. Attend all scheduled meetings and trainings.
3. Attend all mentoring/volunteer activities unless extenuating circumstances.
4. Consent to a mid-year and final evaluation, completed by the program coordinator.
5. Follow all school and agency policies, rules, and procedures.
6. Be professional at all times.
7. To serve as a **Mentor**, you will be asked to make a minimum commitment of one year with openness to continue in the relationship on a long-term basis.
8. To maintain weekly contact with your mentee either in person or by phone.
9. To be dedicated and dependable in trying to assist your teen to achieve success in their spiritual, educational, and emotional development.
10. To base your relationship on respect for the teen and their family.
11. To maintain monthly phone contact with a mentor supervisor at the Bella Kind Foundation.
12. To complete community service projects with your mentee every year.

I agree to all of the conditions stated above and do confirm that I have not, nor am I presently engaged in any activities of a criminal nature. I also grant permission to the program to check with the appropriate authorities (courts, youth agencies, and police, etc.) if necessary, upon matters of record regarding my background or history. **Please Initial:** \_\_\_\_\_

## Confidentiality Statement

In normal course of my volunteer/mentor assignment and responsibilities, I understand that I may have access to or view information regarding students, volunteers/mentors and employees. With regard to all such information, I agree to observe the Bella Kind Foundation's strict standard of confidentiality. I further agree that knowledge and information of a confidential nature, gained through my involvement with the foundation may not be used, distributed or discussed outside of my volunteer/mentor responsibilities.

I understand and agree that breach of such confidentiality shall subject me to disciplinary action, up to and including discharge, under the Bella Kind Foundation's policies.

I hereby attest that I have read this Confidentiality Statement and agree that my continued mentor/volunteer service is contingent upon strict adherence to same. I understand, and agree, that I will be discharged, should I violate the standard of strict confidentiality.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## **Mentor roles and responsibilities**

Development of your mentee depends on exploring career aspirations, strengths and weaknesses; collaborating on means to “get there;” implementing strategies; and evaluating along the way. You, as the mentor, provide the “light” for the mentee to follow. Sharing your wisdom and past experiences is what the mentee looks for from you.

Here are a few roles and responsibilities to help you in the process:

- Support the mentee’s development of professional and interpersonal competencies through strategic questioning, goal setting, and planning.
- Create a supportive and trusting environment.
- Agree to, and schedule, uninterrupted time with your mentee.
- Stay accessible, committed, and engaged during the length of the program.
- Actively listen and question.
- Give feedback to the mentee on his/her goals, situations, plans, and ideas.
- Encourage your mentee by giving him or her genuine, positive reinforcement.
- Serve as a positive role model.
- Provide frank (and kind) corrective feedback if necessary.
- Openly and honestly share “lessons learned” from your own experience.
- Keep discussions on track.
- Respect your mentee’s time and resources.
- Participate in the scheduled events for the program.
- Seek assistance if questions arise that you cannot answer.

Thank you for your interest in supporting our program. For more information, please call 732-770-2183 or email us [info@bellakind.org](mailto:info@bellakind.org)