

NDHS Volunteer Mentor Application

Full Name _____ Date _____

Gender _____ Race _____ Birth date _____

Permanent Address Street, Apt. _____

City _____ State _____ Zip _____

Home Phone Number _____ Work Phone Number _____

Job Title _____ Employer _____

Can you be contacted at work? Yes No Business hours _____

Length of Employment (with current employer) _____ Email Address: _____

Education Completed: High School _____ College _____ Other (explain) _____

What motivated you to participate in the New Dimensions High School Mentoring Program?

Can you meet with a child once a week during the school year? Yes No

Do you have a preference as to: (If yes, state preference)

The grade level of your mentee? Yes _____ No

The race of a mentee? Yes _____ No

The gender of your mentee? Yes _____ No

Would you be willing to work with a differently challenged child? Yes No

Is there a specific student you would like to request? Yes No

If yes - Student Name: _____

What do you like to do during your leisure time? _____

Please list the social service groups to which you belong?

What are your areas of expertise? _____

Have you ever been convicted of a crime? Yes No If yes, please explain: _____

Do you object to the NDHS running an O.A.S.I.S. criminal background check on you? Yes No

Have you already had a background check? Yes No **IF YES**, what source _____

Please list three references who have known you for more than one year. Print complete names, addresses, telephone numbers, and relationship for three people you authorize us to contact who would evaluate your qualifications as a volunteer. Do not include more than one family member.

1) Name _____

Mailing Address/Zip Code _____

Phone Number _____ Relationship to you _____

2) Name _____

Mailing Address/Zip Code _____

Phone Number _____ Relationship to you _____

3) Name _____

Mailing Address/Zip Code _____

Phone Number _____ Relationship to you _____

Mentor Agreement

As a volunteer for the New Dimensions High School Mentoring Program, I agree to the following:

- To attend a training session before beginning
- To be on time for scheduled meetings
- To notify the agency or school office if I am unable to keep my weekly meeting
- To engage in the relationship with an open mind
- To keep discussions with my mentee confidential
- To ask for assistance when I need help with my mentee
- To notify the agency of changes in my employment, address, and phone number

Signature _____ Date _____

Mentor Interview Form

Name: _____ Date: _____

1. Why do you wish to be a mentor?
2. Please describe yourself.
3. What are your strengths?
4. What do you like to do in your spare time?
5. What are your experiences with children that will assist you in mentoring?
6. Describe your educational background (schools, degrees).
7. Describe your employment history (current and previous jobs, titles, and brief description of responsibilities).
8. Are you participating in the program with the full support of your employer? Yes No
9. Have you ever been arrested or convicted of a crime, misdemeanor, or felony? Yes No
11. Have you ever been investigated by the Department of Public Welfare for child abuse or neglect?
 Yes No If yes, explain:
12. What special qualities are you looking for in a mentee?
 Personality Race Intellect Age Other
13. Would you consider a mentee of the opposite gender? Yes No

Mentor Ground Rules

New Dimensions High School Mentoring Program

1. I understand that seeing my mentee consistently is one of the most important things I can do as a Mentor; therefore, I will see my Mentee one hour per week (in person, text, phone, Skype or email). A minimum of one hour per week must be in person.
2. I understand that all contact with my mentee is restricted to school grounds, except with prior written parent permission for off-campus or events/outings.
3. I understand that the relationship between my mentee and me is a one-to-one relationship.
4. I understand that I might be privy to personal information about my mentee and family members which I will keep confidential.
5. I will maintain regular contact with Dr. Grimm by responding to calls, emails, and letters.
6. If a problem arises in my match relationship, or if my place of employment, residences, or telephone number changes, I will notify the Mentoring Coordinator immediately.
7. I understand that I will be asked to participate in a program evaluation.
8. I will adhere to school procedure for match visits, including verifying my mentee's attendance on match visit days and contacting Dr. Grimm if I am unable to meet with my mentee.

Mentor Signature: _____ Date: _____

Mentoring Coordinator: _____ Date: _____

Although our focus is on the mentee, please, remember that the staff at the New Dimensions High School mentoring program is also here for you, our volunteers. Please, do not hesitate to call us at 407-870-9949 if you have any questions or concerns, no matter how small they may seem to you.