

**Little Brother/Little Sister of Pennington County
Confidential Mentor Application**

Name: _____
(First) (Middle) (Last)

Address: _____
(apt., number & Street) (City) (State) (Zip)

Mailing Address if different: _____

Have you lived in MN for the last 10 years? (Please circle) Yes or No

Previous Address: _____
(apt., number & Street) (City) (State) (Zip)

Phone: Home: _____ Cell: _____

E-mail: _____ Best time to Contact: _____

Date of Birth: _____ Birthplace: _____

Marital Status: _____ Partners Name: _____

Children: _____

Name	Gender	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Employment and Education History:

Employer: _____ Occupation: _____

What hours do you work: _____ How long employed? _____

Phone: Work: _____ Ext: _____ May we contact you at work? Y N

List other employment history (Most recent first):

Employer	Position	How long employed?	Reason for leaving
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Please indicate the highest level of education completed: _____

Degree earned/Area of Study: _____

If you are presently a student, where?: _____

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Volunteer Experience:

Have you ever been or applied to be a volunteer with LBLIS in the past: Yes No

If yes, where and when: _____

Please state what experience, if any, that you have had working with children/youth:

What attitudes, values, or beliefs are important to you? _____

How many hours per month do you feel you could spend with your
Little Brother/Sister: _____

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Personal Health

Health: Poor: _____ Fair: _____ Good: _____ Excellent: _____

Do you have any physical limitations or special conditions? No ___ Yes _____

Are you taking any medications that could impact your ability to drive? No ___ Yes _____

Any known allergies? No ____ Yes: _____

Have you ever been addicted and/or sought treatment for drugs and/or alcohol?

No ____ Yes ____ If so, when? _____

Please Explain: _____

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Driver Information

Do you have a valid driver's license? No ____ Yes ____ State: _____ No. _____

Do you have your own transportation? No ____ Yes ____

Please indicate make and model of vehicle: _____

Insurance Company: _____ Policy Number: _____

Please indicate any driving offenses in the last 5 years: _____

If No, do you have access to transportation? No ____ Yes ____ How? _____

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Criminal Justice System Involvement:

Have you been involved in, investigated, arrested, and/or convicted of an assault?

No ____ Yes ____ If so, when? _____

Please Explain: _____

Have you ever been involved in, investigated, arrested, and/or convicted of a felony or other offense?

No ____ Yes ____ If so, when? _____

Please Explain: _____

Have you ever been involved in, investigated, arrested, and/or convicted of abuse, neglect or sexual molestation of a minor?

No ____ Yes ____ If so, when? _____

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Please Explain: _____

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General Questions:

How did you hear about LBLS? Newspaper Radio Gram Special Events
 Friends/Family Radio Former Little Brochure Current Volunteer
 Facebook Always Known Other: _____

Why do you want to be a mentor: _____

What age group are you interested in working with?

4-6 7-9 10-12 13-14

Check all sports and other activities that you enjoy:

- | | | |
|---|---|---|
| <input type="checkbox"/> Mechanics | <input type="checkbox"/> Camping | <input type="checkbox"/> Hunting |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Television/Movies | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Music | <input type="checkbox"/> Cooking | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Woodcraft | <input type="checkbox"/> Art | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Helping around the house | <input type="checkbox"/> Sports-Playing |
| <input type="checkbox"/> Sports-Spectator | <input type="checkbox"/> Collections (rocks, coins etc) | <input type="checkbox"/> Football |
| <input type="checkbox"/> Hockey | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Cross Country/Track | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Gymnastics/Dance | <input type="checkbox"/> Science Projects |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Baking | <input type="checkbox"/> Telling Jokes |

Other interests/hobbies/activities not listed: _____

Do you have any special interests, skills, talents, or training you would be willing to share?

No: _____ Yes: _____ Please describe: _____

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References:

Please print the names of three references. One should be an employer or co-worker (past or present). Other references can be a friend, neighbor or organization for which you have volunteered. Only one may be a relative. These references will be contacted by mail and asked to complete a brief, confidential questionnaire. Please make sure to include full mailing address.

1. Employer or supervisor reference

Name: _____

Address: _____

Phone: Home _____ Work: _____

Years Known: _____ Relationship to you: _____

2. Other:

Name: _____

Address: _____

Phone: Home _____ Work: _____

Years Known: _____ Relationship to you: _____

3. Other

Name: _____

Address: _____

Phone: Home _____ Work: _____

Years Known: _____ Relationship to you: _____

Permission to contact these individuals:

Signature Date

Little Brother/Little Sister of Pennington County

Confidentiality Statement

The purpose of confidentiality is to safeguard individuals' rights and privacy. This is based on the principles of legal rights, natural rights supported by values of respect for the integrity of individuals, in order to improve their lives without fear of exploitation.

Confidentiality pertaining to individual information is governed by the Minnesota Data Privacy Act. A person who knowingly violates that chapter of the law commits a civil violation.

Information that is created or obtained in connection with the Little Brother/Little Sister Program activities is confidential. The records, and related information, shall be available only to, and used by necessary staff in carrying out their functions.

Mentor Job Description:

Purpose: To offer and develop a one-to-one fun and lasting friendship with a child that will enhance his/her self-esteem and self-concept.

Duties:

1. Contact with the child on a one-to-one basis (monthly minimum).
2. Act as an appropriate role model for the child.
3. Be a good listener.
4. Share in the child's interests.
5. Assure the child's safety while together.
6. Avoid becoming overly involved in the child's family.
7. Report to the Coordinator and complete forms.

Requirements:

1. 18 years of age or older (17 with parental permission).
2. Completion of application and interview process.
3. An interest and ability to relate to children.
4. Patience when working with children.
5. Be consistent and dependable.
6. A positive outlook on life.
7. Confidentiality where the family situation is concerned.
8. Set realistic goals and make no promises that cannot be kept.
9. Automobile insurance as required by Minnesota State Law and also have a valid Minnesota Driver's License.
10. Follow mandatory seat-belt law.

VOLUNTEER PERMISSION AND RELEASE FORM

I acknowledge and accept the Matching Committee of Little Brother/Little Sister (LBLS) of Pennington County reserves the right to reject this application. It also reserves the right to suspend or terminate the LBLS volunteer upon being advised or becoming informed of any derogatory information concerning his/her background or being informed of criminal charges or committing serious traffic violations or other questionable behavior. The suspension or termination of the Big Brother/Big Sister/Little Brother/Little Sister relationship may be at any time with or without cause. The LBLS volunteer as the right to meet with the Matching Committee to be confronted with the evidence, or information and to offer evidence, and/or information on his/her own behalf.

If I am matched, I understand and will abide by the job description and code of conduct related to my volunteer position. I have read and agree to abide by the confidentiality guidelines of the agency.

I hereby authorize Little Brother/Little Sister of Pennington County to contact any or all of my references listed herein for the purpose of processing my application to become a volunteer in the program. I understand the matching committee reserves the right to request other background references to be chosen at random. I understand that these references will be contacted in confidence.

I give permission to Little Brother/Little Sister of Pennington County to release pertinent information regarding my file to the parent of the child in the process of match selection. Furthermore, I agree to allow my file to be viewed by the Matching Committee of LBLS of Pennington County at the time of agency review, should it be requested. I understand this application and subsequent information in my file is the property of LBLS of Pennington County.

I hereby release and forever discharge Little Brother/Sister of Pennington County and their employees, directors and volunteers from any cause of action or claim for damages, whether bodily injury, death, property damage, or emotional trauma, anxiety or distress arising from my association with the LBLS of Pennington County.

The implications of the waiver have been explained to me. I understand and consent to them. I further agree that this waiver is made of my own free will and without duress.

I hereby certify that all the information provided is true to the best of my knowledge.

Signed: _____ Date: _____

FOR OFFICE USE ONLY

Date reference letters sent: _____

Action: _____ Date: _____

Name (Little Brother/Sister)	Matching date/approved	Termination date/approved
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Media/Publicity Consent Form

I, _____, hereby consent to Little Brother/Little Sister of Pennington County to use any photographs, audio and/or video recordings of myself as taken and produced by media personnel and the Program members and/or program staff for the purpose of publicizing and promoting the work of the Program (both print and electronic media). I further waive any claim that I may have against Little Brother/Little Sister of Pennington county arising from the use of such photographs, audio and/or video recordings of myself, as aforesaid.

This consent and waiver shall remain in effect for the duration of my involvement with the Little Brother/Little Sister of Pennington County unless otherwise revoked.

Date

Signature of Volunteer

Date

Signature of Witness (18 or older)

If you do not want your picture used, please check here

Signature: _____

Date: _____

Note: It is your responsibility to notify the program if the status of this consent changes.

INFORMED CONSENT FORM
For Criminal History Background Check
Thief River Falls School District #564
230 LaBree Avenue South
Thief River Falls, Minnesota 56701

Date: _____

The following named individual has made application with this School District for employment, provision of athletic coaching services or other extra-curricular services, or the opportunity to provide services as a volunteer, independent contractor, or student employee.

Full Name of Applicant: _____
(Please Print) Last First Middle

Maiden, Previous, Alias Name(s): _____

Date of Birth: ____/____/____ Sex (M or F) _____

Social Security Number _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Thief River Falls Public Schools, Thief River Falls, Minnesota pursuant to Minnesota Statute 123B.03 for the purpose of employment or services as _____ with this School District.

CONDITIONAL HIRING: I understand that the School District may permit me to commence my employment duties, provide athletic coaching services or other extracurricular services, or provide other services pending completion of the criminal history background check and acknowledge and agree that my employment or services may be terminated based on the result of the background check.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant or Potential Service Provider

Date

The School District should forward this executed form and fee to the "MNBCA" and a self-addressed, stamped envelope, to:

Minnesota Bureau of Criminal Apprehension
ATTN: CJIS-Criminal History Access
1430 Maryland Ave. E.
St. Paul, Minnesota 55106

School District Use:

We are also requesting a federal check pursuant to Minnesota Statute 299C.62 on this individual. Fingerprint card attached.