



Mail to: BCYMP
 PO Box 8443
 Brookings, SD 57006
 Email: bcym mentoring@gmail.com
 Phone: 605-697-0444

Mentor Application

*Please use blue or black in when completing.
 Please write legibly.*

For Office Use Only

Training Completed
 Training Notes Submitted
 References Checked
 Background Check Complete
 VSB Form Submitted

Our office is located on the 2nd floor of the MetaBank building. Enter the building on the north side and immediately take the stairs on your left.
 Hours 8-5, M-F

Due to the need to frequently communicate with all our mentors/volunteers, it is necessary that every mentor/volunteer have an email address. Without one, we cannot update you on program activities and opportunities for you and your mentee.

Date: _____

Name: _____ Male/Female (Circle) Ethnicity: _____

Local address: _____

City/State/Zip: _____

Email: _____

Phone Number: (Cell) _____ (Alt.) _____

Alternate (home) address: _____

City/State/Zip: _____

Alternate Email: _____

Employer (if applicable): _____

Length of employment: _____ Supervisor's name: _____

Years of education? _____ SDSU Student? **Y N** If Yes, Year: _____

Have you ever been convicted or arrested for a Felony Offense? _____

Have you ever been investigated in connection with a child abuse or neglect matter? _____

How did you hear about the BCYMP? _____

Why do you want to be a mentor? _____

Can you meet with a child as often as our program requires (1 Hour per Week for at least 9 months)?

Do you have any previous experience volunteering or working with youth? _____

What times can you meet with your mentee?

During lunch: _____
After school: _____
After 5:00: _____

Weekends: _____
During regular business hours: _____
Prefer **In-School** (Lunch/Recess) Mentoring _____

Please list any of your hobbies/interests that would help us to better match you with a mentee:

What types of activities would you like to do with your mentee?

Would you prefer to be matched with a child from:

- Grade level: K-5 _____ 6-8 _____ 9 – 12 _____
- Ethnicity: _____
- Gender: _____

Are you willing to support a mentee that has unique social, learning, and/or physical needs? _____

If so, please describe any personal or educational experiences with people who have unique needs or describe the kinds of individual needs you are comfortable supporting.

Can you speak any other languages? _____

Has an employer or other organization run a Background Check on you in the last six months? No _____ Yes _____

If yes, please attach copy, if available.

References:

Please list the name, phone number, email and connection for two personal references that you have known for one year or more: **(no immediate family members, please)**

1. _____

Email _____

2. _____

Email _____

Brookings County Youth Mentoring Program Mentor Commitment

Please read this carefully before signing

Our program appreciates your interest in becoming a mentor to a child. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a local child abuse/neglect and backgrounds check.

I have read and understood the program's rules, regulations, and responsibilities for becoming a Mentor. If selected I will follow the rules of the program and be a dedicated Mentor. I agree to the time commitment of at least **one hour/week for more than 9 months per year**.

CONFIDENTIALITY: AS A MEMBER OF THE BROOKINGS COUNTY YOUTH MENTORING PROGRAM, I AGREE TO BE BOUND BY THE FOLLOWING RULES OF CONFIDENTIALITY:

- ALL INVESTIGATIVE AND CASE RECORDS, FILES, AND INFORMATION OF THE BROOKINGS COUNTY YOUTH MENTORING PROGRAM. CONCERNING JUVENILES WILL BE KEPT CONFIDENTIAL, EXCEPT AS HEREIN PROVIDED.
- CONFIDENTIAL MATTER WILL NOT BE DISCLOSED TO ANYONE OTHER THAN THOSE MEMBERS OF THE BROOKINGS COUNTY YOUTH MENTORING PROGRAM TO WHOM DISCLOSURE IS NECESSARY FOR THE PURPOSES OF THE PROGRAM AND WELL-BEING OF THE CHILD AND AS PROVIDED IN SECTION 26-10-12.2 OF THE SOUTH DAKOTA CODIFIES LAWS AND TO LAW ENFORCEMENT PERSONNEL, COURT SERVICES OFFICERS, PAROLE OFFICERS AND MEMBERS OF THE JUDICIARY.
- ANY MEMBER OF THE BROOKINGS COUNTY YOUTH MENTORING PROGRAM WHO VIOLATES THE ABOVE RULES OF CONFIDENTIALITY WILL BE DISMISSED FROM THE PROGRAM.

FURTHERMORE, I UNDERSTAND THAT A KNOWING VIOLATION OF THE CONFIDENTIAL NATURE OF JUVENILE REPORTS, RECORDS, FILES OR INFORMATION IS A CRIME PUNISHABLE BY UP TO ONE YEAR IN THE COUNTY JAIL AND A \$1,000.00 FINE.

I, _____, agree to support and uphold the mission of the Brookings County Youth Mentoring Program.

The mission of the Brookings County Youth Mentoring Program has been developed to ensure that all youth in their community have guidance and support needed to facilitate successful development in their community.

By volunteering to serve as a Mentor, I am committing to:

- **Respect, uphold, and model the programs' goals and objectives**
- **Volunteer as a mentor for at least a nine-month period or more**
- **Devote at least one hour per week, or five hours per month, with my mentee**
- ***Attend mentor training sessions and occasional planned events (ex. Social event, fundraiser, etc.); review content from missed training sessions.***
- **Update program administrator MONTHLY regarding the status of the mentoring relationship. Day of month I will email Program Administrator at: bcymentoring@gmail.com**
- **Keep program administrator informed of address and telephone changes at all times as well as mentoring resignations**
- **Inform administrator immediately upon incurring criminal charges of any nature**
- ***Publish no comments to or about my mentee and publish no recognizable photos of my mentee to social media in any form such as: Facebook, Snapchat, Instagram, etc. There are situations in which this will endanger your mentee.***

I also understand that my services as a mentor can be terminated for non-compliance with the above statements.

Signature

Date

Volunteer Service Bank (VSB) Volunteer Information



First Name: _____ Last Name: _____ Date: _____
Address: _____ City: _____ State: _____
Zip: _____ Phone (H): _____ Phone (W): _____
Birthday: _____ Phone (C): _____

Languages:

- | | | |
|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> French |
| <input type="checkbox"/> German | <input type="checkbox"/> Norwegian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Signing | <input type="checkbox"/> Braille | <input type="checkbox"/> Other: |

SDSU STUDENTS: Are you volunteering for class credits? (Indicate hours needed): _____

Additional information is needed from those volunteers who provide transportation to service recipients (mentees) through the Volunteer Service Bank. All mentors will be covered by liability insurance. In addition, volunteers providing transportation will be covered on an additional basis by the VSB.

Please complete the following:

Driver's license number and State issued: _____

Expiration Date of License: _____

Do you carry auto liability: Yes No

Have you had any driving violations in the past year? _____

If so, please explain:

Volunteer's Signature: _____

Date: _____