

**MENTOR VOLUNTEER
APPLICATION**

Mentoring Programs at Helping Services
Mentoring Connection for Delaware County
P.O. Box 493
Manchester, IA 52057 Office Phone: 563/379-3454

Name _____ Previous Names: (maiden, married, and alias) _____

Driver's License # _____ Home Address, City, State, Zip _____ Home Phone _____

Cell Phone Number _____ Date of Birth _____ How long have you resided in the county? _____

Spouse/Partner's First Name _____ E-mail Address _____ T-shirt size _____

Workplace (or volunteer site) _____ Present Occupation _____ Work (or volunteer site) Phone _____

High School Degree From _____ College Presently Attending/Graduated From _____ Major _____

Please list four references. Please indicate at least one personal friend, and one professional reference. Please exclude parents, siblings, and spouses. Minors must list at least three school references.

Name _____ City, state _____ Phone _____ Cell phone _____ Relationship _____ Best time to reach them _____	Name _____ City, state _____ Phone _____ Cell phone _____ Relationship _____ Best time to reach them _____
Name _____ City, state _____ Phone _____ Cell phone _____ Relationship _____ Best time to reach them _____	Name _____ City, state _____ Phone _____ Cell phone _____ Relationship _____ Best time to reach them _____

List companies you have worked or volunteered for beginning with your current position:

Employer	Dates	Position	Full/Part-time	Reason for Leaving
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Clubs and/or organizations you are presently a member of: _____

Why are you interested in becoming a mentor? _____

Please list any medical conditions that would affect your mentoring _____

Please list any hobbies/interests you would like your mentee to have: _____

What times can you meet with your mentee? During lunch: _____ After school: _____

After 5:00: _____ Weekends: _____ During regular business/school hours: _____

If I am under age 18, my parent/guardian must sign below giving their permission for me to be a mentor with a 4-5 hour per month time commitment for one year as part of Mentoring Programs at Helping Services.

_____ Parent/guardian signature _____ Date

“Yes” answers to this section are NOT automatic disqualifiers to becoming a mentor.

Have you used illegal drugs within the last 7 years? Yes No (If yes, please explain.)

Has there ever been an assessment concerning you that has resulted in a finding of either confirmed or founded child abuse? Yes No

Have you been convicted of a misdemeanor or a felony within the last 7 years or have you been under the supervision of the corrections system in the last 7 years? Yes No (If yes, please explain.)

Has your driver's license been suspended or revoked within the last 7 years? Yes No (If yes, please explain.) _____

Other than the above, is there any fact or circumstance involving you or your background that would limit your ability to supervise, guide, and care for youth? Yes No (If yes, please explain.) _____

MATCH INFORMATION

Please check your preference for characteristics for your match. Check as many as are appropriate for you.

I think I have the best chance of success and satisfaction working with:

A boy A girl It makes no difference.

5 – 7 year old 11 – 13 year old It makes no difference.

8 – 10 year old 14 – 16 year old

If applying as a couple, we would prefer:

Working with the same youth Working with two separate youths

I am interested in working with a child who has one or more of the following concerns: *

Child abuse, including sexual abuse Low-income Domestic violence

Delinquent behavior Struggles with social concerns Aggressive behavior

Mentally challenged Mental health issues Academic struggles Physically challenged

*** If matched with a child who has one or more of these concerns,
you will be provided with additional training and support.**

I have a preference of mentoring a child with one of the following specific family situations:

Divorced family Single parent Uninvolved parent Blended family

Loss of a loved one Foster child Sibling conflict It makes no difference.

MENTOR / MENTEE ACTIVITIES AND INTERESTS

Place a next to activities you enjoy. Leave items blank you have no interest in.

Sports	Recreation and Entertainment	Science/Technology
<input type="checkbox"/> Football	<input type="checkbox"/> Working on cars	<input type="checkbox"/> Enjoy nature
<input type="checkbox"/> Baseball	<input type="checkbox"/> Walking	<input type="checkbox"/> Animals
<input type="checkbox"/> Basketball	<input type="checkbox"/> Hiking	<input type="checkbox"/> Gardening
<input type="checkbox"/> Bowling	<input type="checkbox"/> Fishing	<input type="checkbox"/> Rock climbing
<input type="checkbox"/> Go-karting	<input type="checkbox"/> Cooking	<input type="checkbox"/> Local travel
<input type="checkbox"/> Soccer	<input type="checkbox"/> Picnicking	<input type="checkbox"/> Taking things apart
<input type="checkbox"/> Ping Pong	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Astronomy
<input type="checkbox"/> Tennis	<input type="checkbox"/> Horseback riding	<input type="checkbox"/> Photography
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Rodeos	<input type="checkbox"/> Computers
<input type="checkbox"/> Roller skating	<input type="checkbox"/> Motorcycling	
<input type="checkbox"/> Wrestling	<input type="checkbox"/> 4 wheeling	
<input type="checkbox"/> Weightlifting	<input type="checkbox"/> Bike riding	Foreign languages you speak
<input type="checkbox"/> Swimming/diving	<input type="checkbox"/> Jogging/running	_____
<input type="checkbox"/> Auto racing	<input type="checkbox"/> Movies	
<input type="checkbox"/> Golf (regular/mini)	<input type="checkbox"/> Museums	
<input type="checkbox"/> Hockey	<input type="checkbox"/> Plays/acting	
<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Concerts	
<input type="checkbox"/> Archery	<input type="checkbox"/> Dancing	
<input type="checkbox"/> Frisbee	<input type="checkbox"/> Singing	
<input type="checkbox"/> Skiing (downhill, cross country)	<input type="checkbox"/> Model Cars	
<input type="checkbox"/> Sledding	<input type="checkbox"/> Board Games	
<input type="checkbox"/> Snowmobiling	<input type="checkbox"/> Playing cards	
<input type="checkbox"/> Snow boarding	<input type="checkbox"/> Reading	
<input type="checkbox"/> Frisbee or disc golf	<input type="checkbox"/> Shopping	
<input type="checkbox"/> Martial arts	<input type="checkbox"/> Pool, pinball, foosball	
	<input type="checkbox"/> Video games	
Arts and Crafts	<input type="checkbox"/> Writing	
<input type="checkbox"/> Scrapbooking	<input type="checkbox"/> Collect things	
<input type="checkbox"/> Drawing	_____	
<input type="checkbox"/> Fashion/fashion design	_____	
<input type="checkbox"/> Interior design		
<input type="checkbox"/> Painting	<input type="checkbox"/> Musical instrument	
<input type="checkbox"/> Carving	_____	
<input type="checkbox"/> Wood working	_____	
<input type="checkbox"/> Sewing	_____	
<input type="checkbox"/> Crocheting		
<input type="checkbox"/> Quilting		
<input type="checkbox"/> Knitting		
<input type="checkbox"/> Bead work		
	Other interests: _____	

Of the choices you have checked, please list below your top 5 choices:

1. _____
2. _____
3. _____
4. _____
5. _____

MENTOR EXPECTATIONS

As a mentor, I agree to:

1. Maintain regular contact with my mentee, spending 4–5 hours/month together. This includes face-to-face contact, phone calls, e-mail, postal mail, and group activities. Time together should be pre-scheduled to avoid conflict for everyone involved. If the mentee does not have a phone, I am allowed to stop by their home to arrange my outing time. I understand that when I attend school performances or sporting events that my mentee is participating in and where I am a spectator, I can count only 45 minutes of my time as contact time.
2. Commit to spending at least one year as a mentor with my mentee. After the year anniversary, I will be asked if I wish to continue the match.
3. Keep the program staff informed monthly of the activities done by the mentee and myself. Information should detail the amount of time spent with the mentee, mileage, and outing expenses. This reporting can be done by using the program log form, e-mail, or by calling program staff.
4. Not indulge my mentee with gifts of money, extravagant outings, or presents. The focus of the program is *quality time* spent together, rather than giving monetary items or doing costly activities. Birthday and holiday gifts are acceptable, but should not be expensive. Covering the cost of any activities is my responsibility, however, I can be reimbursed for reasonable costs I incur by requesting this from program staff. All events sponsored by Mentoring Programs at Helping Services are offered at no cost to mentees, mentors, and family members.
5. **Not** have overnight visits with my mentee. There are no exceptions.
6. Respect the rights and wishes of my mentee and not coerce or shame him/her into participating in activities that I favor.
7. Set reasonable limits for my mentee and not violate rules set by the mentee's parent(s)/guardian(s).
8. Not talk or text excessively on my cell phone while with my mentee.
9. Inform the program staff immediately of any major crises or changes in my life that would affect my ability to mentor, *i.e.* death of a significant other, close relative, or friend; unemployment or job change; or change of address, as soon as possible.
10. Always treat the mentee's parent(s)/guardian(s) with respect, and not criticize or make negative comments about them. Family concerns should be shared with program staff only.
11. Social networking sites are not a recommended form of communication with my mentee. If I am asked to be their friend, I will explain to the mentee other forms of communication that are more appropriate.
12. Contact program staff if I become uncomfortable with my mentee/mentor relationship.
13. Not show the mentee sexually explicit material, have sexually explicit materials in my home when the mentee is there, or take the mentee to sexually explicit movies or places where sexually explicit acts are performed.

14. Not manufacture, distribute, dispense, or be under the influence of alcohol, tobacco, or illegal drugs during contact with my mentee. Use of tobacco, alcohol, or illegal drugs is prohibited while with my mentee.
15. Not abuse any youth or adult program participant (abuse as defined in the Code of Iowa). A copy of the appropriate Iowa code, section 232.68 (1995), is available from Helping Services' administrative staff.
16. Participate in the required mentor training to learn about program policies, procedures, responsibilities, and strategies involved with mentoring and accept guidance and support from program staff.
17. Carry a medical consent form signed by mentee's parent(s)/guardian(s), authorizing me to seek medical treatment for the mentee if needed, should an emergency occur when we are together.
18. Comply with State of Iowa motor vehicle-related regulations and laws when transporting my mentee. Transportation is normally provided by the mentor for one-on-one outings. Mentors under 18 are prohibited from transporting their mentee.
19. Honor and respect the youth and parent(s)/guardian(s) when sensitive topics are brought up by the mentee. I will follow protocol as described in my initial training.
20. Give my permission to have my photo/voice used by Helping Services for Northeast Iowa, Inc. for promotional purposes.
21. Not date the parent/guardian, not take on a parental role, or provide child care for my mentee. The purpose of the mentoring program is to provide the child the opportunity to develop a supportive relationship with me as an adult friend.

Mentoring Programs at Helping Services and Helping Services for Northeast Iowa, Inc. recognize that each individual participating in the mentoring program has the right to the dignity and certainty of strict confidentiality by all. As a volunteer, I agree to protect the information I may gain concerning any person who may receive assistance from the mentoring program, or any other services provided. I realize that any breach of this confidentiality would result in immediate termination of my activities in the mentoring program, and could result in legal action being taken against me. I agree to keep all such information strictly confidential.

Mentors/mentees will not be discriminated against on basis of their race, color, creed, age, sex, religion, national affiliation, sexual orientation, those tested HIV positive, or values. Mentors or mentees shall not impose their religious beliefs or values on others.

As part of my application process, I give my consent for background checks in the following areas: child and sexual abuse, my driving record, and criminal convictions. I have not been convicted of any crimes that would endanger the well-being or safety of youth.

I further understand that neither Mentoring Programs at Helping Services nor Helping Services for Northeast Iowa, Inc. shall be liable in any way for any intentional or criminal action on the part of any mentor in this program. Parents specifically release and hold harmless Mentoring Programs at Helping Services and its sponsor agencies and each of their officers, steering committee, directors, employees, agents, and successors in interest from any such liability to a child which may arise by way of such intentional or criminal action on the part of any mentor in the Mentoring Programs at Helping Services.

I have read the Mentor Expectations and understand that compliance is a condition for continuing involvement as a volunteer. Any violation of the above stated policies may result in immediate termination of the mentor-mentee relationship.

Signature of Applicant

Date

AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION

This form must be used to authorize release of child abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person about whom information is requested. Send both copies to the Central Abuse Registry, Iowa Department of Human Services, Hoover Building, Fifth Floor, Des Moines, Iowa 50319-0114.

PART A: To be completed by the person requesting information.

1.	Requester			
	Ellen Krogmann, Mentoring Coordinator			
	Address			
	Helping Services / Mentoring Connection for Delaware Co. P.O. Box 493			
2.	City	State	Zip Code	Phone Number
	Manchester	IA	52057	(563) 379-3454
	The information concerns:			
	Name (first, middle initial, last):			
3.	Maiden Name or Alias (if applicable):		Birth Date	Social Security Number
	Address:			
	City:	State	Zip Code	County
	What is the purpose of your request for child abuse information?			
4.	I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.			
	Signature:			Date:

PART B: To be completed by the person authorizing the Department of Human Services to release child abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse Registry in a child abuse report as having abused a child (Iowa Code 235A.15). To the best of my knowledge, all or part of the information contained in Part A of this form is correct.

Signature: X	Date: X
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PART C: To be completed by the Central Abuse Registry or designee.

1.	<input type="checkbox"/>	The person named in item A-2 is listed on the Child Abuse Registry as having abused a child.
2.	<input type="checkbox"/>	The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child.
3.	<input type="checkbox"/>	This request for information is denied because the form is incomplete.
Signature:		Date:
Comments:		

LEGAL PROVISIONS FOR THE HANDLING OF CHILD ABUSE INFORMATION

Redissemination of Child Abuse Information (Iowa Code 235A.17)

A person, agency, or other recipient of child abuse information shall not disseminate this information. However, dissemination is permitted when all of the following conditions apply:

- ◆ The dissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom the information would be disseminated would have independent access to the same information under Iowa Code Section 235A.15.
- ◆ A written record is made of the dissemination, including the name of the recipient and the date and purpose of the dissemination.
- ◆ The written record is forwarded to the Registry within 30 days of the dissemination.

Criminal Penalties (Iowa Code 235A.21)

- ◆ Any person is guilty of a criminal offense when the person:
 - Willfully requests, obtains, or seeks to obtain child abuse information under false pretense.
 - Willfully communicates or seeks to communicate child abuse information to any agency or person except in accordance with Iowa Code Sections 235A.15 and 235A.17.
 - Is connected with any research authorized pursuant to Iowa Code Section 235A.15 and willfully falsifies child abuse information or any records relating to child abuse.
- ◆ Upon conviction for each offense, the person shall be punished by a fine of up to \$1,000 or imprisonment for not more than two years, or by both fine and imprisonment.
- ◆ Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child abuse information except in accordance with Iowa Code Sections 235A.15 and 235A.17 shall be fined not more than \$100 or be imprisoned not more than ten days for each such offense.
- ◆ Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapter 235A shall be grounds for the immediate withdrawal of any authorized access that the person might otherwise have to child abuse information.

IOWA DEPARTMENT OF PUBLIC SAFETY
SEX OFFENDER REGISTRY

REQUEST FOR REGISTRY INFORMATION

Pursuant to 692A.13, Subsection 3., Code of Iowa, this written request is for information on the person with the following name and one or more of the following identifiers - address, date of birth, or Social Security number:

Registrant's Last Name	First	Middle
Registrant's Address		Apt.
City	State	Zip
Date of Birth	Social Security Number	

Person Requesting Registry Information:

Krogmann	Ellen	M.
Requester's Last Name	First	Middle
Helping Services for Northeast Iowa / Mentoring Connection		
P.O. Box 493		
Registrant's Address		Apt.
Manchester	Iowa	52057
City	State	Zip

As the person requesting information, I request that the sheriff maintain my name/address as a:

- Confidential Record (22.7, Code of Iowa)**
I do not consent to this form being treated as a public record.
I would be discouraged from requesting information from the sex offender registry if this document was available to the public.
- Public Record**
I consent to this form being treated as a public record. I understand that any member of the public can request a copy of this document for viewing and copying.

Ellen Krogmann	Signature of Agency Official	
Date	Agency	Date

Results of This Request:

- Not Registered at this date and time.
- Registered - Information provided to requester.

REQUEST FOR REGISTRY INFORMATION

1. A member of the general public can request registry information.
2. The person requesting the information must provide the following information in writing:
 - a. Their own name and address;
 - b. Name and address of the person about whom the information is sought.
3. Upon completion of this form, the Sheriff shall release only registry information of the person whose name and address was requested.
4. Dissemination of the Request for Registry Information form:
 - a. Original to Sheriff;
 - b. Copy to person making request.

IOWA STATE UNIVERSITY
University Extension

4-H Youth Development Office
3630 Extension 4-H Youth Building
Ames, IA 50011-3630
Phone: 515.294.1017
FAX: 515.294.4443

DATE: _____

FAX TO 515.294.4443
Child Protection Coordinator
4-H Youth Development Office
3630 Extension 4-H Youth Building
Ames, IA 50011-3630

Helping Services for Northeast Iowa uses this form to check driving records of volunteers. Please obtain a report on the driving record of:

Last Name _____ First Name _____

Middle Initial _____

Driver's License Number _____

Birth Date _____

Please circle the county you are from: Allamakee Delaware Howard Winneshiek

Please circle the state your driver's license is from: IA WI IL MN

Other: _____

Send your report to the following County staff member:

Name	E-Mail Address
Ellen Krogmann	ekrogmann@helpingservices.org

Thank you for your assistance.

Sincerely,
County Extension Education Director



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: 4372-F
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: Helping Services for Northeast Iowa
Mentoring Connections
for Delaware County
P.O. Box 493
Manchester, IA 52057

Phone: 563-379-3454
Fax: 563-927-4860

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

<u>Iowa Criminal History Record Check Results</u>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	

Waiver Information:

Iowa law does *not* require a waiver. However, without a signed waiver from the subject of the request any arrest over 18 months old, *without* a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed waiver from the subject of the request.

If the "No Iowa Criminal History Record found with DCI" box is checked, it could mean that the information on file is not releasable per Iowa law without a waiver.

General Information:

The information requested is based on *name* and *exact date of birth only*. Without fingerprints, a *positive* identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) *only*. The DCI files do not include other states' records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a *deferred judgment is not* considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A *deferred sentence is* a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:30 p.m., Monday - Friday.

REMINDER - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed billing form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees' record checks.