

**MENTOR FOR A DAY
VOLUNTEER APPLICATION**

Mentoring Programs at Helping Services
P.O. Box 372
Decorah, IA 52101

Personal Information

Name	Date
Home Address	City, State, Zip
Telephone Number	Cell Phone Number
E-mail Address	

When are you likely to be available for events?
 weekends evenings

How often would you like to attend an event as a day mentor?
 monthly every 2-3 months every 4-6 months

How far from where you live are you willing to travel for events?
 miles it makes no difference

I would describe myself as:
 Shy Outgoing Talkative
 Assertive Hyperactive Other (specify): _____

MATCH INFORMATION

While this match is only for Mentoring Programs Events, we would like to make matches based on similar interests and personalities. 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 – 6 year old 10 – 13 year old it makes no difference
 7 – 9 year old 14 – 16 year old

I would work well with a child who is:
 Shy Outgoing Talkative Aggressive
 Hyperactive Other (specify): _____
 It makes no difference.

MENTOR AGREEMENT

As a mentor in the *Mentor for a Day* program, I agree to:

1. Attend Mentoring Programs events as I am able, devoting my time and attention to the mentee I am matched with for that event.
2. Respect the rights and wishes of my mentee and not coerce or shame him/her into participating in activities that I favor.
3. Set reasonable limits for my mentee and not violate rules set by the mentee's parent(s) or the program.
4. Maintain appropriate adult behavior at all times, and expect age-appropriate behavior from the mentee.
5. 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.
6. Exhibit behavior that is respectful and assumes equality towards members of the same and opposite sex all ethnic/racial and religious groups, and not make any comments that can be construed as racist, sexist or bigoted.
7. 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.
8. 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 the executive committee.
9. If sensitive topics are brought up by the mentee, I will honor and respect the youth and parents by suggesting the youth speak with their parent(s)/guardian(s) about the matter.
10. Helping Services for Northeast Iowa, Inc. recognizes that each individual participating in the mentoring program has the right to the dignity and certainty of strictness 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.
11. Mentors/mentees will not be discriminated against on basis of their race, religion, or values. Mentors or mentees shall not inflict their religious beliefs or values on others.

Any violation of the above stated policies may result in your immediate termination in the Mentor for a Day program. I further understand that 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 the program. Parents specifically release and hold harmless Helping Services for Northeast Iowa, Inc. 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 program.

I have read the Mentor for a Day Agreement and understand that compliance is a condition for continuing involvement as a Mentoring Programs volunteer. I give my permission to have my photo/voice used by Helping Services for Northeast Iowa, Inc. for promotional purposes.

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 <u>Kathy Schwartzhoff, Mentoring Coordinator</u>			
	Address <u>Helping Services, P.O. Box 372</u>			
	City <u>Decorah</u>	State <u>IA</u>	Zip Code <u>52101</u>	Phone Number <u>(563) 387-1720 x108</u>
2.	The information concerns:			
	Name (first, middle initial, last):			
	Maiden Name or Alias (if applicable):		Birth Date	Social Security Number
	Address:			
	City:	State	Zip Code	County
3.	What is the purpose of your request for child abuse information? <u>The applicant wishes to become a volunteer mentor.</u>			
4.	I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.			
	Signature: <u>Kathy Schwartzhoff</u>			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:				Date:
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:				

**STATE OF IOWA
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A**

ACCOUNT NUMBER 4372-F

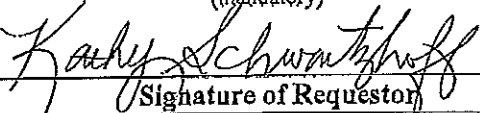
TO: Iowa Division of Criminal Investigation
 Bureau of Identification, 1st Floor
 215 E 7th Street
 Des Moines IA 50319
 (515) 725-6066
 (515) 725-6080 (fax)

FROM:
 Helping Services for Northeast Iowa Inc
 PO BOX 372
 Decorah IA 52101
 Phone: 563-387-1720
 Fax: 563-382-5730

I am requesting an IOWA CRIMINAL HISTORY check on:

(Type or print legibly)

REQUEST

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
/ /	_____	_____
Date of Birth (mandatory)	Sex (mandatory)	Social Security Number (recommended)
 _____ Signature of Requestor		

There is a separate Form A required for each last name submitted.

(DCI use only)

RESULTS

As of _____, a Name and Date of Birth check revealed:

CCH record attached No CCH record found

DCI initials _____

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

_____ Signature	_____ Date
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