



2016 MENTOR APPLICATION

*Thank you for your interest in becoming a Mentor through One to One Mentoring.
The information on your application will help us to match you with a youth and will be kept confidential.*

APPLICATION CHECKLIST

- Complete application in this document
- Print, sign and return AGREEMENT & AUTHORIZATION forms below
- Provide proof of Auto Insurance (Photo or Copy)
- Complete Interview with Program Manager
- Pick up Fingerprint Card at our office. Required for application.
- Get fingerprinted with law enforcement (Agencies list in this document)
- Return Fingerprint Card to our office
- Attend Mentor Training

RETURN APPLICATION:

EMAIL: kathleen@onetoonetelluride.org

DROP OFF: 100 West Colorado Ave,
Suites 220 & 223 (Above Pip's)

MAIL: PO Box 1574, Telluride, CO 81435

QUESTIONS? 970-728-0885

***PICK UP FINGERPRINT CARD AT ONE TO ONE MENTORING OFFICE
YOUR FINGERPRINT CARD MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED***

Thank you for applying to be a One to One Mentor!

PERSONAL INFORMATION

Full Name _____ Maiden name _____ Date _____
(First, Middle, Last)

Date of Birth _____ Social Security Number _____

Email Address _____

Phone Numbers _____

Physical Address _____

Mailing Address _____

Previous Known Addresses & Dates of Residence

1. _____ Dates _____
2. _____ Dates _____
3. _____ Dates _____

Place of employment _____ Position _____

Are you a licensed driver? **YES** or **NO**

Driver's License # _____ State _____

Your Driver's License number will be used to run a motor vehicle report, disclosing your driving record

Have you ever been convicted of a criminal offense? If yes, please describe:

FAMILY INFORMATION

Marital Status (circle): Single Married Divorced Widowed Living w/ partner

Spouse/Partner's name _____

Names & ages of children _____

How long have you lived in this community? _____

What job, family or living situation changes do you anticipate in the next 18 months?

PERSONAL REFERENCES

One to One Mentoring requires personal references for as part of our screening process. Please list the names and complete address of **four people** who can attest to your ability to be a responsible and consistent adult Mentor. No relatives or current boyfriends/girlfriends, please.

<i>Name of Reference</i>	<i>Email</i>	<i>Phone</i>
1. _____		
2. _____		
3. _____		
4. _____		

MENTORING

How did you hear about our program (circle all that apply):

Current Mentor	Board Member	Event Flyer	Event Participation
Radio	Local TV	Newspaper story/ad	Other:

Have you ever been a Mentor with One to One Mentoring or another program?

Why have you decided to volunteer as a Mentor at this time?

What questions do you have about our program?

One to One Mentoring requires a one year commitment. Is there anything that might disrupt your involvement in the program?

Are you available to meet with a youth at least once a week for a minimum of two hours?

Tell us about any previous experiences you have working with or spending time with youth:

What previous experience have you had volunteering or working with youth?

What qualities, skills or other attributes do you feel you have that would benefit youth in our program?

What are your interests, skills or hobbies?

Briefly describe or list three adjectives to describe your personality.

What preferences do you have regarding who you are matched with? (age, interests, needs, etc.)

Are you willing to communicate regularly and openly with program staff, provide regular reports regarding your mentoring activities and receive feedback regarding any difficulties during your participation in the mentoring program?

Are you able to attend an annual, mandatory 2-hour Mentor Training?

MENTORING OVERVIEW AND AGREEMENT

Mission: *One to One Mentoring empowers youth in San Miguel County to reach their social, emotional and academic potential through professionally-supported, mentor relationships.*

One to One Mentoring is a 501-c-3 non-profit organization designed to help children who have shown a need for a strong relationship with a consistent, caring adult.

In becoming a Core Mentor or Study Buddy, you agree to the following basic requirements. Please read and initial each item.

- _____ To serve as a **Core Mentor or Study Buddy** for a **minimum commitment of one year** with openness to continue the relationship beyond one year.
- _____ To maintain **weekly contact** with your Mentee either in person or by phone. We expect that **Mentors spend a minimum of two hours and up to six hours per week with their Mentee.**
- _____ To base your relationship on respect for your Mentee and his/her family.
- _____ To maintain weekly **phone or email contact with the One to One Mentoring Program Manager** for the first month of the match and **monthly** thereafter.
- _____ To participate in **goal-setting sessions** with your Mentee and the One to One Mentoring staff when needed.
- _____ To attend an initial Mentor Training, and attend at least one **One to One Mentoring sponsored mentoring workshop** annually.
- _____ To release from liability and hold harmless One to One Mentoring for any personal injuries or property damage you may receive or suffer while in the course of your activities as a volunteer Mentor.
- _____ I hereby consent to the use of my name, likeness, and speech in any audiotape, videotape, film, or photography made by One to One Mentoring or at any One to One Mentoring activities to meet the promotional efforts of the organization including, but not limited to, print media, social networking and direct mailing.

One to One Mentoring will use the information you have provided in this application and in a follow-up interview to establish a profile of you and your interests. This profile will be used to make the best match possible. A similar profile of a potential child Mentee will be discussed with you to ensure that you also feel the match will be a good fit for you and your schedule.

In determining whether an applicant may be considered for a match and in the information that will be shared with each party, due consideration is given to a variety of factors in the health, personality, and behavior of each individual. Relevant information shall be provided to each party, and any party has the right to refuse to enter into the match based upon the information that is communicated.

In signing below, I hereby understand that One to One Mentoring reserves the right and has total discretion to decline my application if, in the judgment of the professional staff and/or governing board, it is felt that this type of volunteer service is not appropriate for me at this time.

I certify that my statements on this application are true, complete and correct to the best of my knowledge.

Signature of Applicant _____ Date: _____

Printed Name _____

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I understand it is necessary for One to One Mentoring to investigate me in the following areas:

- My criminal background, including the use of my fingerprints
- To run a motor vehicle report on my driving history
- To check my personal references

I hereby authorize One to One Mentoring and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes.

I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to One to One Mentoring or its agents.

I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release One to One Mentoring, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature of Applicant _____ Date: _____

Printed Name _____

AUTOMOBILE INSURANCE VERIFICATION

*****If you drive, we are required to have proof of your Automobile Insurance*****

Please include a copy or photo of your *current* insurance card or bring it to the office to be copied

Full liability, Colorado Personal Injury Protection coverage, and Uninsured and Underinsured Motorist coverage written to the same limits as the Bodily Injury coverage. Bodily Injury/Property Damage must be at least the state minimum.

FINGERPRINTING INSTRUCTIONS

One to One Mentoring will provide you with a fingerprint card.

Take the fingerprint card to one of the law enforcement offices listed below to be fingerprinted.

After your fingerprint card has been certified and inked, **return the card** to One to One Mentoring's office. We will mail it to the Colorado Bureau of Investigation for processing and a national criminal history check. The results will be sent back to One to One Mentoring where it will be kept in the volunteer Mentor's confidential file. Fingerprint reports can take up to 8 weeks for processing.

Telluride Marshal's Office

Behind Timberline Ace Hardware on South Spruce

Hours: Wednesday, 9:00 AM -12:00PM

Cost: \$10.00 (cash or check)

Mountain Village Police Department

411 Mountain Village Blvd. First Floor (in building above Village Court Apartments)

Hours: Monday-Thursday, 7:00AM – 5:00PM

Cost: \$5.00 (cash or check)

San Miguel County Sheriff

684 County Road 63L (Ilium Valley road. First left at base of Keystone Hill if coming downhill)

970-728-4442

Hours: Fingerprinting is generally performed Monday through Thursday (excluding holidays) from 9:00 a.m. to 4:00 p.m. Please call 970-728-4442 (option 3) before you arrive to assure someone is available to assist you.

You must present a valid, government issued driver's license or other secure, verifiable photo ID prior to being fingerprinted.

Because fingerprints are taken electronically please do not fill out your cards prior to being fingerprinted.

Cost: \$15

Norwood Marshal's Office

Hours: To arrange an appointment, call and leave a message for Mike Wilkerson at 327-4244

Cost: No charge