

HINESIGHT

Mentor Role Description

The Hinesight mentoring program helps to equip youth in our community with the necessary resources to thrive in their community and to make positive life choices that enable them to maximize their potential as they grow in to young adults. The mentoring program uses adult volunteers to commit to supporting, guiding, and being a friend to a young person for a period of at least one year. By becoming part of the network of adults and community members who care about the youth, the mentor can help youth develop and reach positive academic, career, and personal goals.

Mentor Role

- Take the lead in supporting a young person through an ongoing, one-to-one relationship
- Serve as a positive role model and friend
- Build the relationship by planning and participating in activities together
- Strive for mutual respect
- Help build internal resources (such as self-esteem and motivation), set goals, and work toward accomplishing them

Time Commitment

- Make a one-year commitment
- Spend a minimum of five hours per month one-to-one with a mentee
- Communicate with the mentee weekly
- Attend an initial two-hour training session and additional two-hour training sessions twice during each year of participation in the program
- Attend mentor/mentee group events, mentor support groups, and program recognition events

Participation Requirements

- Be at least 21 years old
- Reside in Fredericksburg city area or surrounding county
- Be interested in working with young people
- Be willing to adhere to all program policies and procedures
- Be willing to complete the application and screening process
- Be willing to communicate regularly with program staff, submit activity information, and take constructive feedback regarding mentoring activities
- Be dependable and consistent in meeting the time commitments
- Attend mentor training sessions as prescribed
- Have access to an automobile, auto insurance, and a good driving record
- Have a clean criminal history / If the applicant has been convicted of a felony, then they may be considered only after a period of 7 years with demonstrated good behavior and an appropriate and corrective attitude regarding past behaviors.
- No use of illicit drugs

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- No use of alcohol or controlled substances in an inappropriate manner
- Not currently in treatment for substance abuse and have a non-addictive period of at least five years
- Not currently in treatment for a mental disorder or hospitalized for such in the past three years

Desirable Qualities

- Willing listener
- Encouraging and supportive
- Patient and flexible
- Tolerant and respectful of individual differences

Benefits

- Personal fulfillment through contribution to the community and individuals
- Satisfaction in helping someone mature, progress, and achieve goals
- Training sessions and group activities
- Participation in a mentor support group
- Personal ongoing support, supervision to help the match succeed
- Mentee/mentor group activities, participant recognition events

Application and Screening Process

- Mentor application
- Driving record check
- Criminal history check: state, child abuse and neglect registry, sexual offender registry
- Personal interview
- Provide three personal references
- Attend two-hour mentor training

For more information on mentoring program, contact Hinesight at info@hinesight.org

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Mentor Application

Personal Information

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Work phone: _____ Home phone: _____

Social Sec. #: _____

Date of Birth ___/___/___ Gender: Male Female

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Employment History

Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone Number: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

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Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone Number: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone Number: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone Number: _____

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Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone Number: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor?
2. Do you have any previous experience volunteering or working with youth? If so, please specify.
3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.

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4. To the best of your knowledge can you commit to participate in the New Insights mentoring program for a minimum of one year from the time you are matched with a youth?
5. Are you available to meet with a child five hours per month and have contact at least once per week? Please explain any particular scheduling issues.
6. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.
7. How would you describe yourself as a person?
8. How would your friends, family, and co-workers describe you?
9. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
10. Have you ever used illegal drugs? If so, what substances were used and how often?
11. Are you currently using any illegal drugs or controlled substances?
12. Do you drink alcoholic beverages? If so, what and how often?

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13. Have you ever been convicted of a DUI, driving while under the influence of alcohol? If yes, when and what were the circumstances?
14. Do you use tobacco products? If so, what and how often?
15. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
16. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
17. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
18. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.
19. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?
20. Are you willing to attend an initial mentor training session and two in-service training sessions per year after being matched?

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Please read this carefully before signing:

We at Community Strong appreciates your interest in becoming a mentor.

Please initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that Community Strong is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ I agree to allow Community Strong to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license and proof of auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form
- DMV Release Form (state agency form)
- Criminal History Release Form (state agency form)
- Child Abuse and Neglect Release Form (state agency form)
- Sexual Offender Release Form (state agency form)

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature _____

Date _____

Please read this carefully before signing:

We at Community Strong appreciate your interest in becoming a mentor.

Please initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

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- Child Abuse and Neglect Release Form (state agency form)
- Sexual Offender Release Form (state agency form)

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature _____

Date _____

Information Release

I, _____, understand it will be necessary for Hinesight to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize Hinesight to obtain any needed information regarding my driving record, legal/criminal history, employment from any state or federal agency, my employer, and personal references for the purposes of participating in Hinesight mentoring program.

Further, I provide permission for Hinesight to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match.

Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

Signature _____

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Date _____

Full Name _____

Address _____ City _____

State _____ Zip _____

Date of Birth ____/____/____

Social Security Number ____/____/____

Current Driver's License No. _____ State: _____

Please list any other cities, states, and dates of residency during the past 10 years.

_____ City	_____ State	_____ From (m/year)	_____ To (m/year)
_____ City	_____ State	_____ From (m/year)	_____ To (m/year)
_____ City	_____ State	_____ From (m/year)	_____ To (m/year)
_____ City	_____ State	_____ From (m/year)	_____ To (m/year)

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Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative.

Any information Community Strong gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

(Non-Family reference) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

(Non- Family reference) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

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Mentor Interest Survey

Name: _____ Date: _____

Please complete all the following. This survey will help Hinesight know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentee? (Please check all that apply)

Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___ Weekends: ___
Other: ___

Please indicate ethnicities you are interested in working with:
(Put "any" if no preference)

Ethnicities: _____

Do you speak any languages other than English? If so, which languages?

Would you be willing (or prefer) to work with a child who has disabilities? _____

If preferred, please specify disabilities you would be interested in working with.

What are some favorite things you like to do with other people?

What are your favorite subjects to read about?

What is your job and how did you choose your field?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

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Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals/ Pets	<input type="checkbox"/>	Painting/ Photos	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of strong interest: