

Mentor Application



Date _____

Name of Applicant _____
First Name Middle Name Last Name

Gender _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____

Home
Email _____

Employer _____ Length of Employment _____

Address _____

Work Phone _____ Work Email _____

Occupation/Job Title _____

Preferred Mentoring Day: M T W TH F SA SU

Educational Background (mark one):

- Some high school- _____
- High School Graduate-*Name of school and location* _____
- Some College-*name of college and location* _____
- Graduate/professional school-*name of college and location* _____
- Technical School-*name of college and location* _____
- College Graduate-*name of college and location* _____
- Other _____

Mentor Application

How did you learn about Avalon Center's Mentoring Program? _____

What motivated you to apply to be a Mentor? _____

What are your hobbies, special skills or other interests? _____

What do you like to do in your leisure time: _____

What other affiliations (e.g., service or volunteer organizations) do you have? _____

What do you hope to gain from the Mentoring experience? _____

YES/NO Do you have prior Mentoring experience? Please explain _____

YES/NO Will you be able to spend a minimum of one hour per week with your Mentee/Youth?

YES/NO Are you willing to have Avalon Center conduct a background check and driving record on you? *All mentors must pass a thorough background check*

YES/NO Within the past 10 years have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance.

YES/NO Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in question?

3. If the answer is yes to question #1 or #2, please explain below:

Please list four references (please include at least one family member, one personal friend and one work reference).

Name _____

Name _____

Mentor Application

Address _____

City _____

State/Zip _____

Email Address: _____

Phone Number _____

Relationship _____

Name _____

Address _____

City _____

State/Zip _____

Email Address: _____

Phone Number _____

Relationship _____

Address _____

City _____

State/Zip _____

Email Address: _____

Phone Number _____

Relationship _____

Name _____

Address _____

City _____

State/Zip _____

Email Address: _____

Phone Number _____

Relationship _____

In making this application to be a volunteer, I understand that the Avalon Center Mentoring Program routinely performs criminal, sex offender, child abuse and driving record checks of all volunteers for the position of mentor for which I am applying. This check will be completed after I sign below.

I certify that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal. I understand and agree to the duties and requirements described in the Mentor Expectations.

Signature _____

Date _____

www.avaloncenter.us

mentoring@avaloncenter.us

Avalon Center
705 N. Main, Suite 2
Charles City, Iowa 50616

Phone 641-715-1184

Fax 641-715-1184

Mentor Expectations



- Spend time – Listen – Be present.
 - Be a role model.
 - Provide positive reinforcement.
- Introduce your student to new experiences.
- Show interest in you student’s academic progress. Offer to assist with projects or difficult assignments. Help your student understand the realities of education & work.
 - Encourage responsible behavior & self-motivation.
 - Invite joint decision making
 - Give constructive feedback.
- Listen to your student’s concerns and problems & help your student find solutions to problems.
 - Share life experiences and wisdom.
- Build trust by being open and honest & accept and value each other’s differences.
 - Maintain confidentiality, but please share with fellow workers and friends about your positive mentoring experience.

You have an opportunity to make a positive difference for a student and your community.

Have Fun! Enjoy Your Student

I agree to the mentor expectations and to participate in meetings that will be held each month. I agree to spend at least 1 hour/week with my mentee.

Mentor Signature _____ . Date _____

Mentor Release Statement



I, the undersigned, state that if accepted as a mentor, I agree to abide by the rules and regulations of the Avalon Center Mentoring Program which I acknowledge have been communicated to me, which I understand, and which may be revised without notice to me from time to time. I also agree to abide by all applicable laws. I acknowledge and agree that the program requires me to spend a minimum of one hour/week at the assigned locations. Further, I agree to attend all required training sessions and the regular meeting updates. I am willing to commit to one year in the program and then may be asked to renew for another year, at my option. During all times in which I am participating in the program, I understand that I will be required to keep in regular contact with my mentee and communicate with staff frequently.

I understand that my participation in the program is completely voluntary, and such participation is not administered or overseen by Avalon Center nor does Avalon Center endorse or warrant any results or benefits of the Program.

I hereby certify that I have not been convicted of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or violation involving a state or federally controlled substance. I am not under any current indictment. I hereby certify that I have not been investigated for a child abuse allegation or a sexual offense.

Further, I hereby fully release, discharge and hold harmless the program, participating organizations (including without limitation) Avalon Center and all the foregoing's employees, officers, directors and coordinators from any and all liability, claims, causes of action, cost and expenses arising from, relating to, or which may be or may at any time hereafter become, attributable to my participation in the program.

I understand that program staff reserves the right to terminate any mentor from the Mentoring Program at any time for any reason. I understand that any relations or contact established between mentor/mentee and family members beyond the organization and supervised activities off the program are neither encouraged nor condoned. I give permission for Mentoring Program staff to conduct a criminal background check and verify any and all information provided by me on the Mentoring Program application, as part of the screening for entrance into the Program, including with limitation verification of personal and employment reference as well as a criminal check with the local authorities. Mentoring Program staff has final right of acceptance of applicant in the Mentoring Program at their sole discretion.

I have read the above Mentor Release Statement and agree to the contents. I certify that all statement in the application are true and accurate.

Signature of applicant _____ Date _____

Signature of supervisor _____ Date _____



Driving Record Check Authorization - Avalon Center Mentoring Program

I, _____, hereby give Avalon Center permission to perform any required checks of my driving record as required for the Mentoring Program. I understand that a mentor whose duties require the operation of a vehicle shall be required to have and maintain a valid Iowa driver's license. Upon acceptance into the Mentoring Program driving records are checked through the Iowa Department of Transportation. I understand that it is my obligation to inform Avalon Center immediately should any changes occur to my driving record, including tickets (except parking) and any accidents that were my fault in part or in whole. I understand that failure to promptly disclose this information may result in my being removed from the Mentoring Program.

Utilizing Mentor's Vehicle

Mentors are required to use their own personal vehicles for participation in the Mentoring Program. Auto insurance coverage for mentor-owned/leased vehicles shall be adequate to cover not only damage to the vehicle and other property damage in the event of an accident, but also injuries sustained by individuals, including mentees, as a result of the accident. I understand that it is my responsibility to maintain current and valid insurance coverage as stated above. I further understand that failure to maintain proper insurance coverage on any personal vehicle used in the course of the mentorship will result in my being temporarily ineligible to participate in the Mentoring Program until such time as I present proof of current and valid auto insurance coverage.

First Name	Middle Name	Last Name	(Maiden Name if Applicable)
Date of Birth		Driver's License Number	
Mentor Signature		Date	
Witness Signature		Date	



STATE OF IOWA

Criminal History Record Check Request Form



Mail or Fax completed forms 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

DCI Account Number: _____
(if applicable)

Send results to:

Name Avalon Center
Address 705 N Main Street, Suite 2
Charles City, Iowa 50616
Phone 641-715-1183
Fax 641-715-1184

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	

Release Authorization: Without a signed release 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 signed release from the subject of the request.
*****This form (DCI-77) is the only approved release authorization form for this purpose.*****

Release Authorization: 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. I understand this can include information concerning completed deferred judgments and arrests without dispositions.

Release Authorization 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 _____	

