



CHILD SAFE MICHIGAN MENTOR APPLICATION

Please email or fax applications to:

nmalane@childsafemichigan.org

248-837-2022 (phone)

248-307-9595 (fax)

Child Safe Michigan's Community Mentoring Program works with youth in foster care ages 7-21 and requires a one year commitment from mentors, with the mentors meeting with their mentee 2-4 times per month in the community.

Child Safe Michigan's DHHS Mentoring Program works with youth in foster care ages 14-21 and requires a one year commitment from mentors, with the mentors meeting with their mentee 2-4 times per month in the community. This program also requires ongoing training to assist youth in meeting life skills goals.

First Name Middle Last

Home Street Address City State Zip Code

() _____ () _____ () _____
Home Phone Work Phone Cell Phone

Home Email Address Work Email Address

Employer Job Title Years with company

Work Street Address City State Zip Code

Date of Birth: _____ Age: _____ Gender: ___ Female ___ Male ___ Other

Religious Affiliation (if any): _____

Race/Ethnicity: _____ Please list any languages you speak besides English: _____

College Major Dates Attended

Please list your hobbies and skills.

Please list any past experience working with youth.

Describe your current job duties and/or previous job duties.

How did you hear about the Child Safe Mentoring Program? _____

References: Identify three references. (1 related, 2 non-related)

1) _____
Name _____ How long known _____ Phone Number _____
_____ City _____ State _____ Zip Code _____
Address _____
Email Address _____

2) _____
Name _____ How long known _____ Phone Number _____
_____ City _____ State _____ Zip Code _____
Address _____
Email Address _____

3) _____
Name _____ How long known _____ Phone Number _____
_____ City _____ State _____ Zip Code _____
Address _____
Email Address _____

Please check yes or no to the following questions:

- Yes No Are you 21 years of age or older?
- Yes No Do you have a criminal background history?
If so please explain: _____
- Yes No Do you have any driving incidents?
If yes, please explain: _____
- Yes No Have you ever had involvement with Children Protective Services?
If so please explain: _____
- Yes No Do you agree to have the following background checks completed?
1. Local and state criminal clearance
2. Children Protective Services clearance
3. Driving record check
4. National and State sex offender check
- Yes No Do you agree to complete an interview with a mentor coordinator?
- Yes No Do you agree to complete the one time pre-match training and participate in at least two hours of training on a quarterly basis?
- Yes No Do you agree to keep all information about your mentee confidential?
- Yes No May we use photos of you for marketing/recruitment purposes?
- Yes No May we share the results of your background checks with the referring foster care agency?
- Yes No Do you agree to make a one year commitment to your matched youth?
- Yes No Do you agree to participate in 2-4 outings per month with your matched youth?
- Yes No Do you agree to pay for the activities that you and your mentee engage in?
- Yes No Are you able to participate in quarterly face-to-face meetings with a mentor coordinator to discuss your mentee and the progress that they have made?

ADDITIONAL INFORMATION

Child Safe Michigan does not discriminate according to race, religion, physical handicap, sexual preference or economic status.

I hereby apply for a volunteer mentor position with Child Safe Michigan. I understand that Child Safe Michigan will interview me about my background, motivation, expectations, and other personal qualities that might have a bearing on whether I would be an appropriate mentor. I understand that Child Safe Michigan will review references and will investigate any and all facts concerning my qualifications before becoming a mentor. I certify that all of the information provided by me in my application is complete, true, and accurate. I acknowledge that intentional omission or falsification of information will be cause for dismissal from the program at any time.

I understand that the agency has to take the best interest of the children into consideration first. Further, I understand that I am not obligated, if called upon, to perform the mentoring services applied for and that Child Safe Michigan is not obligated to assign or to actively seek to assign me a mentor volunteer position.

I understand that the statements I make to the staff of the agency will be held confidential within the agency, unless disclosure is required by law. Specifically, I understand that incidents of child abuse or neglect, past or present, or threat of harm to oneself or others are issues that must be reported to proper authorities.

I understand that certain information about me will be discussed with the legal guardian/DHHS worker of the child with whom I'm matched. If there are things about me that I do not want repeated, it is my responsibility to discuss this with the Child Safe Michigan Staff.

I agree to keep information discussed with me regarding my potential match confidential. I will not discuss this information with any person other than the assigned professional staff at Child Safe Michigan.

I understand that my application will not be considered unless it is complete and signed, and until the required supplemental information is submitted and completed.

I agree to notify Child Safe Michigan staff immediately of any changes in the information provided in the application process, including, but not limited to legal status, driving record check, job change, address change, telephone, name change or marital status. I also agree to maintain automobile insurance during my tenure with Child Safe Michigan.

By signing below, I am declaring that all of the above information is true to the best of my knowledge:

I understand that my application and additional information gathered will remain the property of Child Safe Michigan.

Applicant's Signature: _____

Date: _____

Printed Name of Applicant: _____

For questions, please contact our Mentor Program Supervisor at nmalane@childsafemichigan.org or 248-837-2022