

Volunteer Role Description
Updated January 2017

Volunteer Role Description

The Mentoring Plus helps to empower youth in our community to make positive life choices that enable them to maximize their potential. Mentoring Plus uses adult volunteers in various roles including a life coach (mentor) or in other roles to support program activities. By becoming part of the social network of adults and community members who care about the youth, the volunteer can help youth develop and reach positive academic, career, and personal goals.

Participation Requirements

- Be at least 18 years old
- Reside in the Greater Cincinnati area
- 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 dependable and consistent in meeting the time commitments
- Attend Volunteer training sessions as prescribed
- Be willing to communicate regularly with program staff, submit activity information, and take constructive feedback regarding volunteering activities
- Have access to an automobile, auto insurance, and a good driving record
- Complete a criminal history background check
- Not use illicit drugs
- Not use alcohol or controlled substances in an inappropriate manner
- Not be currently in treatment for substance abuse and have a non-addictive period of at least two years
- Not be currently in treatment for a mental disorder or hospitalized for such in the past two years

Desirable Qualities

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

Benefits

- Personal fulfillment through contribution to community and individual

Application and Screening Process

- Written application
- Driving record check
- Criminal history check: State and National
- Personal interview
- Provide three personal references

For more information, contact Mentoring Plus at 859-462-4152 or laura@mentoringplus.org

AN EQUAL OPPORTUNITY EMPLOYER
Minorities and Women Encouraged To Apply

Volunteer Application

Personal Information

Name: _____ Date: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Home phone: _____ Work 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: _____
Dates of Employment: _____ to _____ (m/year) Position Held: _____

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City: _____ State: _____ Zip: _____
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Employer: _____ Street Address: _____
City: _____ State: _____ Zip: _____
Supervisor's Name: _____ Title: _____
Phone: _____
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. Do you have any previous experience volunteering or working with youth? If so, please specify.
2. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.
3. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
4. Are you currently using any illegal drugs or controlled substances?
5. Do you drink alcoholic beverages? If so, how often?
6. Have you ever been convicted of a DUI, driving while under the influence of alcohol? If yes, when and what were the circumstances?
7. Do you use tobacco products? If so, how often?
8. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
9. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
10. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
11. Have you ever been investigated or convicted of sexual assault or abuse? If yes, please explain.
12. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your Volunteering activities, and receive feedback regarding any difficulties during your participation in the Volunteering program?
13. Are you willing to attend an initial Volunteer training session and ongoing training as required?

Please read this carefully before signing:

MENTORING PLUS appreciates your interest in becoming a volunteer.

Please initial each of the following:

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

_____ I understand that MENTORING PLUS is not obligated to provide a reason for their decision in accepting or rejecting me as a volunteer.

_____ (optional) I agree to allow MENTORING PLUS to use any photographic image of me taken while participating in the volunteering program. These images may be used in promotions or other related marketing materials.

I understand I must return all of 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

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 mail this application and the items listed above in the enclosed self-addressed envelope.

Information Release

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

I authorize Mentoring Plus to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in the program. Further, I provide permission for Mentoring Plus 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 youth(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a life coach/youth match is determined, my identity and any other information known about me may be shared with the youth and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

Signature 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)

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 MENTORING PLUS 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: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

Volunteer Interest Survey

Please complete all the following. This survey will help MENTORING PLUS 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 volunteer? Please check all that apply:

Weekdays	Evenings	Weekends	Lunchtime	After School	other

Please indicate age group(s) and/or you are interested in working with: Age : __13-14 __15-18 __I'd rather work with adults

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

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work 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 this 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?

Please check all activities you are interested in:

	Transport youth / families		Teach a skill / hobby		Prepare Meals		Assist with activities		Fundraising	
	Website / Technology		Social Media / Marketing		Volunteer Recruitment		Tutoring		Sharing your story (witnessing)	

List any other areas of strong interest: