



T A H O E
YOUTH & FAMILY
S E R V I C E S
A SAFETY NET OF SERVICES FOR YOUTH AND FAMILIES

Volunteer Mentor Application

Please Print

Name: _____

Phone Number: (home) _____ (wk) _____ (cell) _____

Address: (Physical) _____

(Mailing) _____

City/State/Zip: _____

Email _____ Birth date: _____ Sex: M F

Ethnicity: Native American _____ African American _____ Latino/Hispanic _____

Pacific Islander _____ Caucasian _____ Other _____ (please specify)

Social Security No.: _____ Driver's License No. / State: _____

Car Insurance Provider: _____ Policy Number: _____

Insurance Agent/Contact: _____ Insurance Phone Number: _____

Have you ever been arrested? Y N

Please explain (this does not necessarily prevent you from joining the program)

Why do you want to be a mentor? _____

Employment History

1. Employer: _____
Supervisor: _____ Phone No.: _____
Position: _____ Job Description: _____
_____ Dates (from/to): _____

2. Employer: _____
Supervisor: _____ Phone No.: _____
Position: _____ Job Description _____
_____ Dates (from/to): _____

3. Employer: _____
Supervisor: _____ Phone No.: _____
Position: _____ Job Description: _____
_____ Dates (from/to): _____

Educational Background

Degree or highest grade completed: _____
Name of school or college: _____
Major or subjects of interest: _____

Hobbies and Interests

Please list any hobbies and interests that you would like to share with a young person or a group of young people.

Have you ever worked with young people in a professional or volunteer setting? How?

Availability

What is the best time for you to participate in a young person's life? Please specify times in the appropriate days.

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Preference

I prefer a youth who is/has been experiencing some difficulties in his/her life. _____

I prefer a youth who has fewer problems. _____

Personal References

No family members please.

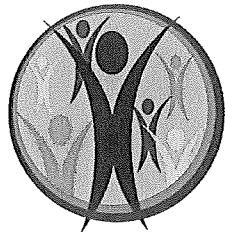
1. Name: _____ Phone: _____
Relationship: _____
2. Name: _____ Phone: _____
Relationship: _____
3. Name: _____ Phone: _____
Relationship: _____

How did you hear about the Tahoe Mentor Program? _____

The information on this application is true and accurate. I give permission to Tahoe Youth & Family Services to verify employment, contact references, and conduct FBI clearances necessary for working with children.

Print Name: _____

Signature: _____ Date: _____



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Tahoe Youth Mentor Program Mentor Interview Questions

Name: _____ Date: _____

Describe your childhood. Describe your life now.

How long have you lived in the area? Where did you move from?

Why are you interested in becoming a mentor?

Did you have someone in your life who acted as a mentor to you? Describe your experience. If not, how do you think having a mentor may have been a help to you.

Describe the problems you think the youth face in our community.

What is your opinion on drugs/alcohol, and drug/alcohol abuse? What have been your experiences with drugs/alcohol?

Scenario #1

You start off with what you believe to be a good relationship with your mentee. Suddenly the child seems withdrawn and doesn't return your phone calls and doesn't seem to want to do activities together. How would you handle this?

Scenario #2

Your mentee shares that he/she is in a sexual relationship with an 18 year old. They ask you not to tell anyone. How would you handle this?

Scenario #3

Your mentee's mother is in jail and he/she would like to write her a letter. The custodial father is against the idea and will not help. How would you handle this?

Scenario #4

Your mentee shares that he/she thinks they may be attracted to someone of the same sex, and wants your advice. How would you handle this?

Scenario #5

Your mentee shares that he/she does not believe in their family's religious beliefs. They do not want to attend church anymore and are unsure how to approach their family about it. What advice would you give?



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Photograph Release

Part I

I hereby authorize Tahoe Youth & Family Services to photograph me.

Print name: _____

Sign name: _____ Date _____

Part II

I also authorize Tahoe Youth & Family Services to use the photographs in their newsletter, website, advertisements, annual reports and various other agency publications.

Authorizing Signature

____/____/____
Date

Witness Signature

____/____/____
Date



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Volunteer/Agency Agreement

Volunteers:

- To serve as a volunteer mentor for 1 full year, and to be available to youth as agreed upon.
- To attend mentor meetings as needed for the purposes of support, supervision, information and ongoing training.
- To be available for individual supervisory training meetings as needed. This may be in person or over the phone.
- To maintain agency forms (mentor time sheet) and turn in the completed time sheet at the end of each month.
- **To respect the confidentiality of the clients and families we serve.**
- To notify the coordinator as early as possible of necessary absences or plans to resign from the program.

Agency:

- To provide orientation and training and ongoing supportive supervision.
- To provide a training manual.
- To provide necessary forms and paperwork
- To provide information material relevant to volunteer mentors (see manual).
- To respect the volunteer's confidential information.
- To remain available for support to volunteer mentors on a timely basis.

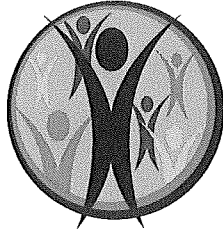
All terms of this agreement are mutually acceptable to the undersigned:

Volunteer's Signature

Date

Tahoe Youth & Family Services
Mentor Coordinator

Date



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CONFIDENTIALITY POLICY

Tahoe Youth & Family Services volunteer mentors provide human services to children and youths in our community. As a mentor, you will be privy to personal information regarding your client. You are responsible for treating all information regarding your mentees as confidential.

Mentor volunteers may discuss clients with the Tahoe Youth & Family Services staff. Discussion of concerns is not only advisable, but also necessary in order to receive guidance, supervision, and support. Mentor volunteers may not discuss clients with anyone outside of the Tahoe Youth & Family Services organization.

This policy of confidentiality must be observed even after a volunteer terminates commitment to Tahoe Youth & Family Services. Unauthorized disclosure of information could result in prosecution under state and/or federal laws. Any such disclosure could result in immediate termination from the Volunteer Mentor Program.

By my signature below, I agree to maintain confidential all information that I have knowledge of regarding the mentee to whom I am assigned.

Signature

Date