

Mentors Plus

Program Forms

Mentor Application and Forms

To facilitate consistent and expedient screening and orientation procedures, prospective volunteers are encouraged to contact Volunteer Programs at Youth Assistance Central Office. Upon doing so, a general overview of the volunteer opportunities available within Mentors Plus is given, as well as specific details about program responsibilities, requirements, rewards, etc. If the volunteer is interested in proceeding further, a packet, which includes an introductory letter, orientation/training information, application forms, a map and a postage paid return envelope, is sent.

The following forms are required for the mentor application process and for subsequent monitoring:

- Application Form
- Volunteer Preference
- Criminal History
- Protective Service Clearance (together with a copy of driver's license)
- Confidential Release of Information
- Program Agreement Form

Please return the completed application forms to:

**Oakland County Circuit Court – Family Division, Youth Assistance Mentors Plus Dept
452, 1200 N Telegraph Road Bldg 14 East, Pontiac MI 48341-0452**



The Circuit Court
for The Sixth Judicial Circuit-Family Division
County of Oakland

YOUTH ASSISTANCE VOLUNTEER PROGRAMS APPLICATION FORM
(Please type or print clearly.)

PERSONAL:

DATE: _____

NAME: _____ DATE OF BIRTH: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street Address) (City) (State) (Zip)

HOW LONG AT THE ABOVE ADDRESS: _____ IF LESS THAN 2 YEARS, LAST PRIOR ADDRESS: _____

E-MAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ SCHOOL DISTRICT: _____

SEX: _____ RACE: _____ SOCIAL SECURITY #: _____ DRIVER'S LICENSE #: _____

WHO IS YOUR AUTO INSURER? _____ POLICY # _____ EXPIRATION DATE: _____
(It is recommended that

MARITAL STATUS: Single Married Separated Divorced Widowed

IF MARRIED, HOW LONG? _____ SPOUSE'S NAME: _____

DO YOU HAVE CHILDREN? Yes No IF YES, WHAT ARE THEIR NAMES AND AGES: _____

EDUCATION:

HIGH SCHOOL: _____ GRADUATED: Yes No

COLLEGE: _____ GRADUATED: Yes No

DEGREE: _____ FIELD OF STUDY: _____

EMPLOYMENT:

PRESENT OCCUPATION: _____ SUPERVISOR: _____

NAME AND ADDRESS OF EMPLOYER: _____

LENGTH OF EMPLOYMENT: _____ IF LESS THAN 2 YEARS, LIST PRIOR EMPLOYER: _____

SPOUSE'S OCCUPATION: _____ SUPERVISOR: _____

NAME AND ADDRESS OF EMPLOYER: _____

HEALTH AND ACTIVITIES:

Have you ever been treated for, or do you have any health problems, physical or emotional, that could affect your activities with a youngster?

Yes No

If yes, please explain: _____

Have you done any previous volunteer work? Yes No

If yes, please explain and describe work: _____

Please list any clubs, organizations, churches, synagogues, and other groups that you belong to: _____

Please list your interests, hobbies, and skills: _____

How did you hear about our program? _____

Have you contacted us before? Yes No If so, when? _____

Which program do you prefer? (*Please check*) Mentors Plus PREVENTION* Mentors Plus INTERVENTION*

Administrative: Committee/Board Work/Office Guardianship Other *One-to-One/Youth Mentor

If Mentors Plus, PLEASE NOTE THE TYPE OF CHILD YOU WOULD LIKE TO BE MATCHED WITH (*Specify age, sex, and personality type, such as athletic, outgoing, quiet, etc.*): _____

If you're matched, will anyone go with you on your visit (e.g. spouse, friend, etc.)? Yes No If yes, who? _____

Why do you want to be a volunteer? _____

REFERENCES:

Please list three (3) character references: one relative, one friend (of at least 2 years), and one work related.

1. _____
(full name of **RELATIVE**) (phone number) (occupation)

(street address) (city) (state) (zip)

2. _____
(full name of **FRIEND**) (phone number) (occupation)

(street address) (city) (state) (zip)

3. _____
(full name of **CO-WORKER**) (phone number) (occupation)

(street address) (city) (state) (zip)

Have you ever been arrested? Yes No If yes, please explain: _____

Have you ever been involved in court action? Yes No If yes, please explain: _____

I certify that the above information is complete and true. I understand that references will be contacted, and a police check will be processed. I understand that the program is not obligated to assign me if, in the program's professional judgment, it would not be in my best interest or the best interests of the children served by the program.

DATE: _____ **SIGNATURE:** _____

PLEASE RETURN TO:
OAKLAND COUNTY CIRCUIT COURT-FAMILY DIVISION
YOUTH ASSISTANCE VOLUNTEER PROGRAMS
1200 NORTH TELEGRAPH ROAD, BUILDING 14 EAST
PONTIAC, MI 48341-0452

WHO I'D LIKE TO BE A VOLUNTEER WITH

Name of applicant: _____ Date: _____

While it may take more time, we'd like to try and match you with the child you can best work with, and we believe you're the best judge of that. Please check your preference for a volunteer assignment. Check as many as are appropriate for you. If a characteristic does not matter, check the blank for "It makes no difference."

I THINK I HAVE THE BEST CHANCE OF SUCCESS AND SATISFACTION WORKING WITH:

- | | | |
|--|--|--|
| <input type="checkbox"/> a boy | <input type="checkbox"/> a girl | <input type="checkbox"/> It makes no difference. |
| <input type="checkbox"/> 7-9 year old | <input type="checkbox"/> 10-11 year old | <input type="checkbox"/> It makes no difference. |
| <input type="checkbox"/> 12-13 year old | <input type="checkbox"/> 14-16 year old | <input type="checkbox"/> It makes no difference. |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Hispanic American | <input type="checkbox"/> African American |
| <input type="checkbox"/> Oriental | <input type="checkbox"/> Caucasian | <input type="checkbox"/> It makes no difference. |

A YOUNGSTER WHO LIVES IN: My own community A nearby community

Please specify areas:

- | | | |
|--|---|--|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Jewish | <input type="checkbox"/> It makes no difference. |
| <i>(specify):</i> | | |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Atheist | <input type="checkbox"/> Moslem |
| <input type="checkbox"/> Someone who may have some physical problem or disability. | <input type="checkbox"/> Someone who doesn't have a physical problem or disability. | <input type="checkbox"/> It makes no difference. |
| <input type="checkbox"/> A "tougher situation," someone who has more difficult problems. | <input type="checkbox"/> An "easier situation," someone who has less difficult problems. | <input type="checkbox"/> It makes no difference. |
| <input type="checkbox"/> Someone who's doing reasonably well at school or job. | <input type="checkbox"/> Someone who isn't doing well at school or job. | <input type="checkbox"/> It makes no difference. |
| <input type="checkbox"/> Someone who is reasonably intelligent/understands things well. | <input type="checkbox"/> Someone who has low intelligence and trouble understanding things. | <input type="checkbox"/> It makes no difference. |
| <input type="checkbox"/> Someone who attends religious services regularly. | <input type="checkbox"/> Someone who attends religious services once in awhile. | <input type="checkbox"/> It makes no difference. |
| <input type="checkbox"/> Someone who never attends religious services. | | |
| <input type="checkbox"/> Someone who comes from a large family. | <input type="checkbox"/> Someone who comes from a small family. | <input type="checkbox"/> It makes no difference. |
| <input type="checkbox"/> Someone who comes from a family that has stayed together. | <input type="checkbox"/> Someone who comes from a broken home. | <input type="checkbox"/> It makes no difference. |

We believe we should, **if possible**, avoid matching you with someone you have a strong objection to working with, so please indicate how you feel about the special problems below. It's natural for some people to have objections, and it's your privilege to have them, so please be perfectly frank.

I have strong objections to working with a child who has a family member with A.I.D.S.:

YES

NO

I have strong objections to working with a drug offender/alcoholic.

YES

NO

I have strong objections to working with a child who has been sexually molested.

YES

NO

LISA LANGTON
Family Division Administrator/
Probate Juvenile Register

State of Michigan



The Circuit Court
for The Sixth Judicial Circuit-Family Division
County of Oakland

PAMELA L. DAVIS
Deputy Administrator
Court Services

MARY SCHUSTERBAUER
Chief of Youth Assistance
(248) 858-0055
FAX (248) 858-1493

Criminal History

The Privacy Act of 1974

The Privacy Act of 1974 contains criminal penalties for violation of provisions of the Act. Although applying primarily to the Executive Branch of the U.S. Government, records contained in the NCIC are also covered by the Act. The Act provides, in part, any record concerning an individual from an agency under false pretenses shall be guilty of a misdemeanor and fined not more than \$5,000. "Any person who . . . under false pretenses" would include: (1) a police officer or any other employee entitled to NCIC information who accesses NCIC for a purpose other than that authorized by his employment, (2) an individual who knows he has no right to NCIC information, and who, under false pretenses, receives it from the above-described employee, or (3) any person who knowingly receives, under false pretenses, NCIC information via an unauthorized access of the NCIC system.

All CCH inquiries must be logged and retained for one year.

Federal law mandates that CCH records be disseminated to authorized agencies only and provides for a \$10,000 fine for any agency or individual in violation. (Title 28, Chapter 1, Part 20, Subpart B.)

The undersigned applicant hereby authorizes the Oakland County Circuit Court to request this police record check with the Oakland County Sheriff's Department, as well as local police authorities, as appropriate, and also authorizes the latter to furnish this information to the Court. The undersigned understands this is to be a CONFIDENTIAL requirement related to (1) **an application to be a volunteer, with visiting privileges**, (2) an application to be a foster home parent, (3) a custody or guardianship request.

(PLEASE PRINT)

Complete Name: _____
(first) (middle) (last)

Male Female Other Names Used (i.e. maiden, alias, married): _____

Address: _____
(street address) (city) (state) (zip)

Date of Birth: _____ Place of Birth: _____ Social Security #: _____

Do you have a valid driver's license? Yes No Driver's License #: _____

Have you ever been arrested? Yes No If yes, please explain: _____

Have you ever resided in another state ? Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous Address: _____ (street address) (city) (state) (zip)
Were you a licensed driver? Yes <input type="checkbox"/> No <input type="checkbox"/> Year: _____

SIGNATURE OF APPLICANT: _____

Note: Driving Histories will reflect infractions for up to seven to ten years.

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

- INSTRUCTIONS:**
- All fields must be completed for processing.
 - All Children's Protective Services (CPS) workers, law-enforcement employees, court officials, and employers or volunteer agencies **MUST** provide either a copy of an agency badge OR a fax cover-sheet which includes agency letterhead.
 - For ALL employers, volunteer agencies, or individual central registry requests: an enlarged and clear copy of the employee's/volunteer picture identification **MUST** be attached.
 - Out-of-state requests:
 - Michigan Department of Human Services
 - Children's Protective Services Program Office
 - P.O. Box 30037
 - 235 S. Grand Avenue, Suite 510
 - Lansing, MI 48909
 - Phone: 517-335-3704
 - Fax: 517-241-7047
 - In-state requests:
 - Contact the local DHS office.

SECTION 1 NAMES CLEARED

NAME LAST, FIRST, MIDDLE	AKA (Also Known As) (Maiden Name)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	Employee/Volunteer/Individual <u>SIGNATURE REQUIRED FOR EACH PERSON BEING CLEARED</u>

SECTION 2 REQUESTOR INFORMATION

<u>Please Check Appropriate Box</u>	
<input checked="" type="checkbox"/> Child Welfare Agency <input type="checkbox"/> Individual <input type="checkbox"/> Law-Enforcement/Dept of Corrections <input type="checkbox"/> Prosecuting Attorney/Court (please provide docket number if available) _____	<input type="checkbox"/> Employer <input type="checkbox"/> Volunteer Agency <input type="checkbox"/> Out-of-State Adoption and Foster Home Screening <input type="checkbox"/> Other _____

Name of Employer/Volunteer Agency/Individual		Name of CPS/Law-Enforcement or Court		
Name		Title		
Address		City	State	Zip Code
Phone	Fax	E-mail		Date

Employers/volunteer agencies – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.

Individual request – will ONLY be sent to the address on the picture identification provided.

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

State of Michigan

LISA LANGTON
Family Division Administrator/
Probate Juvenile Register



The Circuit Court
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AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

This is an authorization to release information regarding Volunteer Program application materials, including, but not limited to: application form, reference letters, etc., from the file of:

Name: _____

Date of Birth: _____

The above named volunteer gives authorization to Volunteer Program staff to send information to: Local Youth Assistance caseworkers and Mentors Plus committee members, Juvenile Court probation staff, Children's Village personnel (i.e., building counselors, program or intake team chiefs, clinicians, program supervisors or administrative persons), and Crossroads for Youth personnel.

Additional information to be released:

Signature

Date

This authorization is valid for only the information, agencies and persons cited above. Further sharing of this information is not permitted without further specific authorization.



VOLUNTEER PROGRAMS AGREEMENT

Applicant's Name:	
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As a member of the Volunteer Programs, I understand and agree to the following:

1. I agree to be interviewed, and the interview will include my past history and current status. I am willing to provide additional information to that which is on my application form.
2. I understand that a Police Records Check is one of the criteria for determining my eligibility, and hereby authorize such confidential investigation.
3. I agree, upon acceptance into the Volunteer Programs, that: I will meet with my matched child for a minimum of two hours per week for a period of one year, and I will make a legitimate effort to be on time for my scheduled visits.
4. **I UNDERSTAND AND AGREE THAT NO OVERNIGHT VISITS WILL OCCUR AT ANY TIME OR UNDER ANY CIRCUMSTANCES.**
5. I pledge to conduct myself as a good citizen while with my matched youngster and will not engage in any activities that would reflect negatively on me as a role model or on the sponsoring program as a whole. I, furthermore, specifically agree to keep matters confidential which concern the child and his/her family, unless it involves any abuse, neglect, illegal activity, or if I have concern that another may be in danger.
6. I agree not to use alcoholic beverages or other intoxicants while in the presence of my match.
7. **I understand that a home visit may be done prior to taking children for home visits and that this home visit may be updated periodically.**
8. I agree to complete MONTHLY REPORTS on my volunteer experiences.
9. I will notify the designated contact person whenever any change in my situation occurs (i.e., address, phone, employment, family, arrest/driving record, etc.), whenever there is a developing concern about my match, and to communicate any problems or roadblocks when they happen.
10. The Mentors Plus program has the right to deny my application as a volunteer without explanation.
11. I understand that the Mentors Plus program is not obligated to assign me to a child or continue my assignment if, in the program's professional judgment, it would not be in my best interest or the best interest of the children served by the program.

I agree to abide by the above program agreement. I understand that failure to abide by the above program policies and procedures is cause to discontinue the match.

Signature of Applicant: _____ *Date:* _____