

# Mentors Plus Program Forms

## Mentor Application and Forms

**T**o 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**

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DAVID BILSON  
Deputy Court Administrator

State of Michigan



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

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: \_\_\_\_\_ (Last) (First) (Middle) DATE OF BIRTH: \_\_\_\_\_

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: \_\_\_\_\_

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

**CENTRAL REGISTRY CLEARANCE REQUEST**  
Michigan Department of Health and Human Services

Copy Photo ID Here  
or  
Attach a Separate Page

**SECTION 1 INFORMATION ON PERSON BEING CLEARED**

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared		Date
Also Known as Name (AKA)	Social Security Number		Date of Birth
Address	City	State	Zip Code
Phone Number	Email		
<input type="checkbox"/> I am completing this for myself. <input type="checkbox"/> I would like to pick up my results _____ County (For Michigan Residents Only).			

**SECTION 2 REQUESTER INFORMATION**

Please Check Appropriate Box			
<input type="checkbox"/> Employer	<input type="checkbox"/> Volunteer Agency	<input type="checkbox"/> Adoption/Foster Care Home Screening	<input type="checkbox"/> Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney
<input type="checkbox"/> Other _____			
Name of Agency or Organization			
Name of Requester			
Address	City	State	Zip Code
Email	Fax	Phone Number	

**Employers/Volunteer Agencies** will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

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

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.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.



# Mentors Plus

Be a friend. Show the way.

Program: Mentors Plus

## Volunteer Consent to Background Check

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

E-Mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

DOB: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Do you have a driver's license: \_\_\_\_\_ If yes, state of issue and #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
(Yes/No)

(1) Most Previous Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

From: \_\_\_\_\_ To: \_\_\_\_\_

(2) Most Previous Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

From: \_\_\_\_\_ To: \_\_\_\_\_

(3) Most Previous Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

From: \_\_\_\_\_ To: \_\_\_\_\_

### Consent to Conduct Background Check

By signing below you grant permission to Oakland County Youth Assistance to conduct a criminal records check through various local, state, and national databases. Furthermore by signing below you acknowledge that Oakland County Youth Assistance is not obligated to share with you the results of the background check or to place you in a mentor/mentee relationship.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

State of Michigan

DAVID BILSON  
Deputy Court Administrator



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

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

**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

<b>Applicant's Name:</b>	
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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 to be responsible for choosing activities to do with my mentee that are safe and do not involve unreasonable risk. Due to insurance limitations, the use of trampolines is prohibited.**
7. I agree not to use alcoholic beverages or other intoxicants while in the presence of my match.
8. **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.**
9. I agree to complete MONTHLY REPORTS on my volunteer experiences.
10. 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.
11. The Mentors Plus program has the right to deny my application as a volunteer without explanation.
12. 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:* \_\_\_\_\_

# MEMORANDUM

**TO: POTENTIAL VOLUNTEERS**  
**FROM: JULIE STITT**  
**SUBJECT: VOLUNTEER ORIENTATIONS**

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HERE ARE THE DATES, PLACES, AND TIMES OF THE UPCOMING VOLUNTEER PROGRAM ORIENTATIONS:

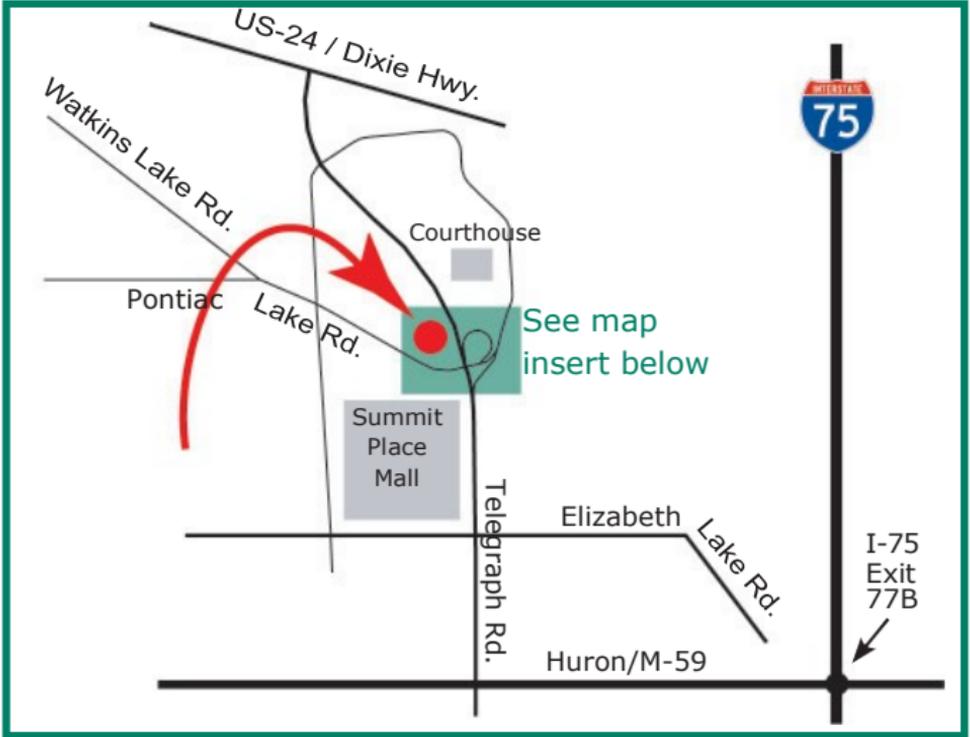
- ⇒ SATURDAY, FEBRUARY 9<sup>TH</sup>, 10:00 A.M.
- ⇒ SATURDAY, MARCH 9<sup>TH</sup>, 10:00 A.M.
- ⇒ SATURDAY, APRIL 13<sup>TH</sup>, 10:00 A.M.
- ⇒ SATURDAY, MAY 4<sup>TH</sup>, 10:00 A.M.

**\*\*ALL ORIENTATIONS ARE SCHEDULED TO BE HELD AT THE EXECUTIVE OFFICE BUILDING - - 2100 PONTIAC LAKE ROAD, BUILDING 41 WEST, WATERFORD, MI 48328**

PLEASE CALL THE VOLUNTEER PROGRAMS OFFICE AT 248.858.0041 TO REGISTER. THANK YOU.

# Oakland County Executive Office Building Conference Center

Locator Map & Directions



Executive Office Building  
Conference Center  
2100 Pontiac Lake Road  
Bldg. 41 West  
Waterford, MI 48328



## ***Directions to:***

The Executive Office Building, 2100 Pontiac Lake Road,  
Bldg. 41 West, Waterford, MI 48328

### ***FROM THE NORTH:***

Take Dixie Highway to Telegraph Road and turn right. At the first light on Telegraph (County Center Drive), turn right. At the next light (Pontiac Lake Road), turn left. The Executive Office Building is a five story brown building and the first building on the left just past the Oakland County Farmer's Market.

### ***FROM THE SOUTH:***

Take Telegraph Road north past Long Lake Road, Square Lake Road, M-59/Huron Street and Elizabeth Lake Road. After crossing Elizabeth Lake Road, you will see the Summit Place Mall on the left and The Oakland Pointe Shopping Center on the right. Stay on Telegraph Road going north and switch to the righthand lane. As you approach the light at Pontiac Lake Road stay in the right-hand lane. Go through the light and take the immediate loop back around and across Telegraph Road. Upon crossing Telegraph Road you will be on Pontiac Lake Road. The Executive Office Building is a five story brown building and the first building on the right after you cross Telegraph.

### ***FROM THE SOUTH WEST:***

Take either M-59 or Orchard Lake Road to Telegraph Road. Go north on Telegraph Road past Elizabeth Lake Road. After crossing Elizabeth Lake Road, you will see the Summit Place Mall on the left and The Oakland Pointe Shopping Center on the right. Stay on Telegraph Road going north and switch to the righthand lane. As you approach the light at Pontiac Lake Road stay in the right-hand lane. Go through the light and take the immediate loop back around and across Telegraph Road. Upon crossing Telegraph Road you will be on Pontiac Lake Road. The Executive Office Building is a five story brown building and the first building on the right after you cross Telegraph.

### ***FROM THE SOUTH EAST:***

Take Square Lake Road to Telegraph road and turn right. Take Telegraph Road north past M-59/Huron Street and Elizabeth Lake Road. After crossing Elizabeth Lake Road, you will see the Summit Place Mall on the left and The Strip Mall on the right. Stay on Telegraph Road going north and switch to the righthand lane. As you approach the light at Pontiac Lake Road stay in the right-hand lane. Go through the light and take the immediate loop back around and across Telegraph Road. Upon crossing Telegraph Road you will be on Pontiac Lake Road. The Executive Office Building is a five story brown building and the first building on the right after you cross Telegraph.