



CONNECTIONS

Pickaway County

5. Yes No Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?

6. Yes No Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in question #5?

7. If the answer is YES to questions 5 or 6, please explain below:

8. Educational Background (mark one):

- | | |
|---|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Graduate/professional school |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Technical school |
| <input type="checkbox"/> Some college | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> Other (please specify) _____ | |

9. Why do you want to become a mentor? _____

10. What days of the week are you available to volunteer? (check all that apply):

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

11. What is the best time for you to volunteer? (check all that apply):

- Mornings Afternoons Evenings Weekends

12. Please list four references (please include at least one family member, one personal friend and one work reference):

Name _____	Name _____
Address _____	Address _____
City _____ State/ZIP _____	City _____ State/ZIP _____
Phone number _____	Phone number _____
Relationship _____	Relationship _____

Name _____	Name _____
Address _____	Address _____
City _____ State/ZIP _____	City _____ State/ZIP _____
Phone number _____	Phone number _____
Relationship _____	Relationship _____



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Mentor Application (cont'd)

In making this application to be a volunteer, I understand that the CONNECTIONS requires a criminal and driving record checks of all volunteers for the mentor position. Failure or lack of a FBI/BCI background check is grounds for rejection to become a mentor.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

Signature

Date

Approved: Rejected:

Coordinator's Intake Notes:

Intake Date:



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Mentor Application (cont'd)

Matching Information:

1. Do you prefer working with a particular grade level?
2. Do you prefer working with a Girl Boy No Preference
3. Do you prefer working with a quiet, reserved child? Yes No No Preference
4. Do you prefer working with an outgoing child? Yes No No Preference
5. Do you prefer working with a student from a specific racial/ethnic group? Yes No No Preference
If yes, please specify: _____
6. Do you speak a foreign language? _____ If yes, please specify: _____
7. Please list any hobbies or interests you may have: _____

8. What activities would you like to do with a mentee? _____
9. What clubs or groups, if any, do you belong to? _____

10. My favorite subject in school was _____
12. Please put an X by the activities you enjoy the most:

___ Playing sports	___ Visiting zoos and parks
___ Watching sport	___ Visiting museums
___ Writing	___ Using computers
___ Reading	___ Playing games
___ Listening to music	___ Cooking
___ Photography	___ Exploring possible careers
___ Attending plays	___ Hiking and seeing nature
___ Arts and crafts	___ Other
15. What qualities would you like in a mentee? _____
16. What individual has served as a role model for you? Why? _____

17. If you could recommend one book for your mentee to read, what would it be?



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Mission Statement:

Building HOPE through community “CONNECTIONS.”

Program Description:

The “CONNECTIONS” mentoring program is designed to build confidence in youth and instill hope for the future. Based on Search Institute’s 40 Developmental Assets, youth are encouraged to build assets into their life that are proven to increase their rate of success and sense of worth. Exposure to various educational, vocational and wellness programs is an integral part of “CONNECTIONS” youth mentoring program. Community service is also a vital part of “CONNECTIONS”. As youth are encouraged to engage in service to others, they will see themselves as an important part of the community. This program will create career “CONNECTIONS” with community partners through career fairs, informational forums and mentoring relationships. Opportunities to explore different career paths will give youth the information they need to make positive steps into a career path that is aligned to their interests. Youth are encouraged to thrive socially, emotionally as well as physically through community programming linked to a personal mentor. The “CONNECTIONS” program is designed to connect youth with positive individuals, agencies and programs in the county that will instill hope and create a sense of belonging.





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Policies and Procedures:

Contact hours: 4-12 hours per month depending on the needs and availability of the mentor/mentee. Contact hours will always be in public and no physical contact beyond a handshake or shoulder pat is appropriate.

Cluster mentoring: cluster mentoring is when more than one mentor meets or completes an activity with more than one mentee. This can be an outing, a training, a ballgame, etc. Mentors/mentees should always do what they feel most comfortable doing and cluster mentoring can create a more casual and comfortable environment where meaningful relationship building can occur.

Texting: Limit texting to setting up mentoring appointments. Avoid late night texting, texting during the school day and excessive texting. True issues and concerns should be discussed face to face during contact hours not over text messaging. The same guidelines apply for email contacts. Limit them to setting appointments.

Setting Appointments: Mentors/mentees can decide what and where they would like to meet. Transportation may be provided by the mentor if the parent gives permission. To avoid liability issues keep transportation at a minimum. Mentors should contact the parent/guardian first to set an appointment, give the parent your available times and then move forward with contacting the mentee as the parent gives direction. After parent approval is given set up the appointment with the youth. If a mentee initiates a contact session, always check with the parent/guardian first before confirming the appointment.

YMCA membership: Each mentee who desires a YMCA membership will be granted one through Teen Task Force of Pickaway County. Mentors will be indicated on the mentees membership and will not be required to have their own YMCA membership but can meet with the mentee at the YMCA and engage in activities at that facility. Mentors will need to sign a form that they will follow YMCA policy and secure a "mentor badge" from the "CONNECTIONS" coordinator.

Language: No foul language, smoking, negative or demeaning talk is allowed during a mentoring session. All discussions are to remain courteous, positive and professional. Reports of misconduct will result in immediate termination of program enrollment.

Training and orientation: All mentors and mentees will be required to complete a training/orientation to the program policies, procedures and guidelines. Failure to do so will result in termination of program participation. The CONNECTIONS coordinator will conduct the training and orientation.



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