

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**

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: _____ 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: _____

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 Human Services

**COPY PHOTO ID HERE AND RETAIN A COPY
FOR YOUR RECORDS**

**OR ATTACH A CLEAR COPY OF YOUR ID
ON A SEPARATE PAGE**

INSTRUCTIONS:

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of **your local county DHS, access www.michigan.gov/dhs->Inside DHS.**
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

**SECTION 1
INFORMATION ON PERSON BEING CLEARED**

Name First, Middle, Last	AKA (Also Known As) (Maiden Name)	Social Security Number	Signature Required for individual being cleared
Address	Phone Number	Date Of Birth	

**SECTION 2
REQUESTOR INFORMATION**

Please Check Appropriate Box

<input type="checkbox"/> Child Welfare Agency	<input type="checkbox"/> I would like to pick up my results in _____ county	<input type="checkbox"/> Employer
<input type="checkbox"/> Individual	<input type="checkbox"/> Law-Enforcement/Dept of Corrections	<input type="checkbox"/> Volunteer Agency
<input type="checkbox"/> Prosecuting Attorney/Court (please provide docket number if available) _____ MI	<input type="checkbox"/> Out-of-State Adoption and Foster Home Screening	<input type="checkbox"/> Other _____

Name of Employer/Volunteer Agency/Individual Oakland County Mentors Plus		Name of CPS/Law-Enforcement or Court	
Name Julie Stitt		Title Volunteer Coordinator	
Address 1200 N. Telegraph		City Pontiac	State MI
Phone 248-858-0045	Fax 248-858-1493	E-mail stittj@oakgov.com	Zip Code 48341
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.

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-6028. Mail questions to PO Box 30037, 235 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

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.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.



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

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 to be responsible for choosing activities to do with my mentee that are safe and do not involve unreasonable risk. Due to insurance limitatons, 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:* _____