



## Youth Mentoring MENTOR APPLICATION

Thank you for your interest in becoming a Youth Mentor. Please submit completed application via email to [sbalentyne@fsadekalbcounty.org](mailto:sbalentyne@fsadekalbcounty.org), fax to **815.758.8159**, or mail to 1325 Sycamore Rd. Dekalb, IL 60115.

**Along with this application, you will need to submit a copy of your driver's license or government issued photo ID and proof of auto-insurance if you have a vehicle.** All applications will be given equal consideration regardless of race, age, sex, disability, marital status, sexual orientation, religion, or national origin.

### GENERAL INFORMATION

Type of program applying for: <input type="checkbox"/> Community Based Match <input type="checkbox"/> Lunch Based Match								
First Name:		Middle Name:		Last Name:		Preferred Name:		
Home Phone #:		Work Phone #:		Cell Phone #:		Is it okay to text you? <input type="checkbox"/> Yes <input type="checkbox"/> No Cell phone Provider:		
Home Address:			City:		County:		State:	Zip:
Personal E-mail:		Work E-mail:		How do you prefer to be contacted? (Phone, e-mail, time of day, etc.)				
Social Security Number:				Gender:		Marital Status:		
Date of Birth:						If applicable, maiden name:		
Race/Ethnicity:								
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Other						
<input type="checkbox"/> Asian		<input type="checkbox"/> Multi-race (check all that apply)						
<input type="checkbox"/> Black or African American				<input type="checkbox"/> <i>American Indian or Alaska Native</i>				
<input type="checkbox"/> Hispanic or Latino				<input type="checkbox"/> <i>Asian</i>				
<input type="checkbox"/> Native Hawaiian or Pacific Islander				<input type="checkbox"/> <i>Black or African American</i>				
<input type="checkbox"/> White				<input type="checkbox"/> <i>Hispanic or Latino</i>				
				<input type="checkbox"/> <i>Native Hawaiian or Pacific Islander</i>				
				<input type="checkbox"/> <i>White</i>				
				<input type="checkbox"/> <i>Other</i>				
Nationality/Country of Origin:								
Occupation:				How Long Employed?		Work Hours?		
Highest Level of Education:				Are you a student at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name school:				
Area of Study:								
Do you have current or past military experience? <input type="checkbox"/> Yes <input type="checkbox"/> No						Dates of Service:		
Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard								



Component: <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve	Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you separated/discharged (other than retired)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If retired, separated, or discharged, please check the character of separation/discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> General (under honorable conditions) <input type="checkbox"/> Under Other than Honorable Conditions <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable	

***Possession of a driver's license and current auto insurance that meets state minimum requirements are required if you will be transporting a program youth in any vehicle you are operating.***

Do you have a current and valid driver's license?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state of issue and #:  Expiration date:	Do you have a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No  Do you have valid insurance that meets or exceeds state required minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you previously applied to be or served as a Youth Mentor here or anywhere else?     Yes     No  
If yes, when, and where?

Have you ever been involved with Youth Mentoring in any capacity?     Yes     No  
If yes, when, and where?

Have you ever been involved with or volunteered for another youth organization?     Yes     No  
If yes, when, and where?

Have you ever been denied acceptance or released from service as a volunteer or employee for another youth-serving organization?     Yes     No  
If yes, when, and where?

Are you interested in learning about additional ways to contribute to the Youth Mentoring mission?     Yes     No

If yes, please check all interests that apply.

- Becoming a donor
- Helping to recruit volunteers
- Volunteering at agency events for matches, waiting-list children, etc.
- Volunteering at agency fundraising events
- Inviting Youth Mentors to speak at a company, church, organization, or other group of which I am a member

**REFERENCE INFORMATION**

Please list information for **at least three** references below including:

1. Your spouse or domestic partner (i.e., if you live with a significant other/girlfriend/boyfriend) OR a family member, if you do not have a spouse, partner, or significant other).
2. Current or former employer or co-worker you have known for at least one year, or someone from your school if you are a student; AND
3. A friend or neighbor you have known for at least two years.

<b>Spouse/Partner's name:</b>		<b>Family member name (if no spouse/partner):</b>		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		



<b>Employer or Co-worker</b> (current or past) or school personnel (if you are a student):				
Address:		City:	State:	Zip:
Day Phone #:	Cell #:		Email:	
<b>Friend, Neighbor, or other personal reference:</b>				
Address:		City:	State:	Zip:
Day Phone #:	Cell #:		Email:	

*In addition to the references above, Youth Mentoring requires references from all youth serving organizations at which you have worked or volunteered in the past. Please list additional on separate page, if needed.*

Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:		Email:	
Dates of involvement/employment:				
Reason for leaving:				
Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:		Email:	
Dates of involvement/employment:				
Reason for leaving:				
Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:		Email:	
Dates of involvement/employment:				
Reason for leaving:				



I consent to and understand that:

- 1) The references and youth serving-organization I listed may be contacted by mail, telephone, email, or in-person.
- 2) The information I provided may be used to conduct a background check, to include a search of public domain records, driving records check, juvenile and adult criminal history check (*see attached authorization*), military records, and other records where required by local, state, or federal law for volunteers working with youth.
- 3) I am in no way obligated to perform any volunteer services.
- 4) The Youth Mentoring agency is not obligated to match me with a youth and may deny my application or close my match at any time, and to protect all participants' confidentiality, Youth Mentoring is not required to disclose reasons for doing so.
- 5) Other youth organizations where I have worked or volunteered may be contacted as references.
- 6) As part of the enrollment processes, I will be required to provide additional personal information, including completion of an in-person interview.
- 7) I understand that the information I provide in the enrollment process will be kept confidential unless disclosure is required by law and with exceptions noted below.
- 8) I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities.
- 9) I understand that certain relevant information about me will be discussed with the parent/guardian of a child who is a prospective match (*this might include demographic information, information relevant to parent/child preferences, and any information relevant to a child's safety or well-being*).
- 10) It is my responsibility to update the agency if any of the information I provide on this application, in my interview, or any other information provided during the enrollment process changes (*i.e., address, phone number, auto-insurance, new criminal charges, etc.*).
- 11) I agree to timely communication and follow-up with all agency staff.

If the use of an automobile is necessary in performance of my duties as a Youth Mentor, I agree that:

1. It will be operated in accordance with the traffic laws of the state in which it is driven.
2. The vehicle will be in safe mechanical condition.
3. If I am involved in an accident during the course of volunteering, I will notify Youth Mentoring as soon as possible.
4. I will not drive with any amount of alcohol in my blood while on an outing.
5. I will maintain valid liability and property damage insurance on my automobile.
6. I will not knowingly drive any uninsured vehicle while transporting youth in the Youth Mentoring program.
7. I will understand that this agency does not provide primary insurance coverage for volunteers driving their own vehicles.
8. I understand that part of the screening process for Youth Mentoring includes checking my motor vehicles driving record and verifying automobile insurance coverage through my agent or company.
9. I understand that I am not permitted to transport any child in the program unless and until I have received prior approval from Youth Mentoring staff and parental/guardian consent.



*Please read the following carefully before signing this application:*

I understand that this is an application for a volunteer opportunity and is not a promise or commitment by Youth Mentoring

I certify that all information I have provided or will provide to Youth Mentoring, including this application, is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability. I have not and will not withhold any information that would affect my application for a volunteer position. I understand that information contained on my application will be verified by Youth Mentoring. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a volunteer.

At any time while involved with the Youth Mentoring program, I agree to immediately inform my Youth Mentoring contact person of any and all infractions, violations, charges, and convictions related to any civil, domestic, or criminal occurrences. I understand that Youth Mentoring staff needs to be fully informed to provide the best guidance or support possible.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Publicity Release**

Youth Mentoring and Family Service Agency frequently use photographs of local matches to market the program. I hereby        **DO**        **DO NOT** give my permission for Youth Mentoring to photograph me for use at the Family Service Agency office, in newspapers, on social media, video (like or not limited to: YouTube, FSA website) or any other media for the purposes of publicity or marketing.

I, \_\_\_\_\_, have received, read, and understand the Statement of Client Rights and Publicity Release provided by Family Service Agency's Youth Mentoring Program

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date



Youth Mentoring

**VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE**

Prior to your in-person interview, please answer the questions below. Parents of youth in our programs will often ask questions about someone with whom their child will be matched. The information you provide will also help us make a better match for you and assure we can support you during your involvement with our program. **Please note that you will have an opportunity to discuss these questions and your responses more thoroughly during your in-person interview.**

Name: \_\_\_\_\_

1. Do you have any concerns about your ability to fulfill the 12-month commitment required of mentors (one full school year for Lunch Mentoring)?  
 Yes  No
2. Are you able to commit to meeting your Mentee for 8 hours per month (community-based matches) / at least twice a month (Lunch Mentors)?  
 Yes  No
3. Do you anticipate any significant life changes over the next year or had any this past year? If yes, please describe.  
 Yes  No
4. Have you ever been accused, arrested, charged, or convicted of a crime? If yes, please describe.  
 Yes  No
5. Have you had any driving citations and/or moving violations in the past 5 years? If yes, please describe.  
 Yes  No
6. Do you have guns, ammunition, or other weapons in your house?  
 Yes  No  
  
If yes, is the gun kept locked and stored separately from the ammunition?  
 Yes  No
7. Are you experiencing any physical or mental health issues? If yes, please describe.  
 Yes  No
8. Do you speak any foreign languages? If yes, please list.  
 Yes  No
9. Is there anything else you'd like to tell us about yourself or anything you would like to ask?

10. Are there other people living in your household? Provide name, age, relationship to you.

Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:

11. Please list any counties and states that you have lived in aside from your current address in the past 5 years.

I have answered these questions honestly and completely to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**NOTICE AND AUTHORIZATION FOR BACKGROUND CHECK**

**NOTICE**

This is to inform you Family Service Agency – Youth Mentoring (FSA – YM) may obtain information about you and/or your history related to potential criminal activity. The report from authorized sources may include, among other information, arrest, conviction, and driving record information. FSA-YM may additionally obtain information concerning your background, character, medical conditions, employment, education, and military experience. Information obtained by FSA-YM will be used only for the purposes of assessing your suitability to become a volunteer and matching you with a Mentee.

**AUTHORIZATION**

I hereby authorize and instruct FSA-YM to procure a report on me, including a criminal background history, which I understand may include, among other information, arrest, conviction, and driving record information. I also authorize and instruct FSA-YM to verify my Social Security number and to investigate my background and character in any manner they see fit to evaluate my potential as a Youth Mentor, including obtaining information from medical providers, employers, educational institutions, military agencies, and any other sources. If I become a volunteer for FSA-YM, I authorize FSA-YM to repeat these investigations at any time for as long as I remain a volunteer. I authorize FSA-YM to disclose relevant information obtained from its investigations to the parent/legal guardian of any child considered as a possible Mentee to effectively enable the parent to exercise "parental choice" in accepting or denying me as a Youth Mentor for their child. I authorize and instruct any individual, corporation, and public or private entity having knowledge about me to furnish to FSA-YM any and all information they may have regarded me. I unconditionally release and hold harmless FSA-YM and its officers, directors, employees, and agents and any party furnishing information to them pursuant to this authorization from any liability, claims, charges, costs, or causes of action which I or my heirs, executors, or assigns may have as a result of the delivery, disclosure, non-disclosure, or omission of any information. I additionally agree to indemnify FSA-YM and its officers, directors, employees, and agents for any and all attorney fees, court costs, and other expenses resulting from investigating my background, gathering information concerning me, or verifying personal information about upon the written request of law enforcement agencies. Furthermore, I understand that FSA-YM holds the right to deny my participation in the program and, for confidentiality, is not required to disclose reasons for doing so. A photocopy of this authorization may be accepted in lieu of the original.

\_\_\_\_\_  
**Signature (please do not print or type)** **Date**

**PERSONAL IDENTIFICATION AND BACKGROUND INFORMATION**

PLEASE PRINT:

Complete, Legal Name: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

If name changed (through marriage or otherwise), print former name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Please list all residences from the last 5 years, starting with the most current. List the beginning and end month and year you lived at each (ex. DeKalb, IL DeKalb 3/09-6/10)

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Beginning Month/Year: \_\_\_\_\_ End Month/Year: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Beginning Month/Year: \_\_\_\_\_ End Month/Year: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Beginning Month/Year: \_\_\_\_\_ End Month/Year: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Beginning Month/Year: \_\_\_\_\_ End Month/Year: \_\_\_\_\_

Have you ever been (circle which) charged with / convicted of a (circle which) misdemeanor / felony? No \_\_\_\_\_ Yes \_\_\_\_\_

Details: \_\_\_\_\_

Are you active or retired in the military? \_\_\_\_\_ If yes, please submit a copy of your DD-214 form.

Have you ever been cited for a traffic violation? No \_\_\_\_\_ Yes \_\_\_\_\_ Details: \_\_\_\_\_

For the safety of all children and volunteers, FSA-YM conducts a background check on all potential volunteers.





CFS 689  
6/2001

State of Illinois  
Department of Children and Family Services

**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking System (CANTS)

**For Programs NOT Licensed by DCFS**

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

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

Date of Birth: \_\_\_\_\_ Gender (circle): Male Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #

\_\_\_\_\_ City State Zip Code

List all addresses at which you have resided in the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List maiden name and/or all other names by which you have been known: (last, first, middle)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

**Mail this request to:**  
Department of Children and Family Services  
406 E. Monroe – Station # 30  
Springfield, IL 62701

\_\_\_\_\_  
Signed Date

Please type, use bold letters or label:

Family Service Agency (Agency Name)  
Erin Eckhardt (Contact Person)  
1325 Sycamore Rd (Address)  
DeKalb IL 60115 (City/State/Zip)

