

David & Margaret

Youth and Family Services

1350 Third Street, La Verne, CA 91750 (909) 596-5921 FAX (909) 596-7583 www.davidandmargaret.org

Dear Mentor Applicant:

We appreciate your interest in becoming a mentor for David & Margaret Youth and Family Services. In order to ensure that your application process goes as quickly and as smoothly as possible, please complete the following steps:

1. Fill out the mentor application completely, including **complete** names & addresses of references. **Please note that the people you indicate as your references will be contacted via mail.**
2. Please schedule your **Fingerprinting, TB Testing and DMV** appointments as soon as possible.
3. You will be contacted once your file is complete and all of your clearances have been received.
4. You will be called to arrange the first meeting with the youth chosen to be your mentee.
5. Finally, the names and contact information for her Case Manager will be provided, and all plans must be arranged through Case Manager.

Please note that you will not be granted permission to have any sort of contact with your mentee until the agency has received all of your clearances. You will be contacted once you have been approved to begin.

Thank you very much for applying. We look forward to welcoming you.

Sincerely,

Volunteer Services Coordinator
David & Margaret Youth and Family Services
(909) 596-5921 ext. 3311
volunteer@davidandmargaret.org

MENTOR APPLICATION

Name: _____ **Date:** _____

Permanent Address: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **May we contact you at work?** _____

Email Address: _____

How long have you lived at your current address? _____

Driver's License # _____ **Social Security #** _____ - _____ - _____

Date of Birth _____

Name, address, and telephone number of person to be notified in case of an emergency:

Name: _____

Relation: _____

Address: _____

Phone: _____

Past Employment History: (Include volunteer experience)

EMPLOYER	START DATE		END DATE		POSITION AND DUTIES
	_____ MONTH	_____ YEAR	_____ MONTH	_____ YEAR	
	_____ MONTH	_____ YEAR	_____ MONTH	_____ YEAR	
	_____ MONTH	_____ YEAR	_____ MONTH	_____ YEAR	
	_____ MONTH	_____ YEAR	_____ MONTH	_____ YEAR	
	_____ MONTH	_____ YEAR	_____ MONTH	_____ YEAR	
	_____ MONTH	_____ YEAR	_____ MONTH	_____ YEAR	
	_____ MONTH	_____ YEAR	_____ MONTH	_____ YEAR	

David & Margaret

Youth and Family Services

How did you hear of David & Margaret? _____

Why would you like to volunteer for David & Margaret? _____

List special skills, languages spoken, certifications, interests, & hobbies: _____

What experience have you had with youth between the ages of 12 and 18?

In what capacity would you like to volunteer, i.e. mentor, recreation, foster agency, etc.?

Highest grade or level of education achieved? _____

Are you currently a student? _____ Your major? _____

References: We prefer one employer reference, however, the other two may be personal references. All references will be contacted via mail.

NAME	ADDRESS (including Zip Code)

Mentor Questionnaire

Name: _____

Date: _____

1. Why do you want to be a Mentor?

2. Describe personal characteristics and experiences, which you feel will be helpful in the role of Mentor.

3. How do you spend your free time?

4. Would you prefer working with a child aged 8 – 13 or 14 – 18? _____

5. Are any of the following issues of special interest or concern to you: Sexual identification, incest/molestation, suicidal thoughts, self-mutilation, drug/alcohol addiction, gang affiliation/background?

6. Why is it important to set limits and boundaries with your mentee?

7. What difficulties do you think you may have in being a mentor?

8. Can you faithfully commit to weekly phone calls and bi-monthly visits for a minimum of 1 year?

VOLUNTEER AGREEMENT

I am aware that all records of David & Margaret Youth and Family Services are **confidential**. If I am accepted as a volunteer, I pledge to hold in confidence all personal and official information, which may come to my attention. I will not discuss this information with anyone except the appropriate agency staff members. I will not enter into the personal problems of any client, and will only discuss them with those in authority. I pledge that I will be dependable, responsible, and punctual in the performance of all duties I undertake, and will conduct myself at all times in an honorable manner, following the policies of David & Margaret.

I affirm that I am in good health and acknowledge that continued volunteer service for the agency is contingent on approval of the licensing agency. A Mentor Handbook has been provided to me, and I agree to read, sign and abide by all of the agency policies. I understand that a **Tuberculosis skin test, and Live Scan fingerprints** are required before I can begin volunteer service. I understand that I will need to show **proof of car registration, insurance, and a 5-year DMV printout** if my volunteer work involves driving agency residents or staff.

Signature

Date

CHILD ABUSE REPORTING RESPONSIBILITY

As a volunteer of David & Margaret Youth and Family Services, you will be required by law to report any known incident of child abuse.

Section 11166 of the Penal Code requires any child care custodian "...who has knowledge of or observes a child in his or her employment whom he or she knows or reasonably suspects has been the victim of a child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident."

This report should be given **immediately** to the Director, Assistant Director, Therapist, Volunteer Coordinator or Shift Supervisor.

I HEREBY CERTIFY THAT I HAVE READ THIS FORM AND HAVE KNOWLEDGE OF THE REQUIREMENTS OF THE REPORTING LAW AND WILL COMPLY WITH ITS PROVISIONS.

Signature

Date

Volunteer Automobile Requirements Agreement

David & Margaret policies require that a signed agreement be maintained on file with the agency for those volunteers who might have occasion to transport the youth involved with David & Margaret, in privately owned vehicles. The volunteer will:

1. Have a valid driver's license;
2. Require all persons in the vehicle to wear seat belts;
3. Carry in the vehicle evidence of current liability automobile insurance for at least the minimum coverage levels prescribed by law;
4. Maintain the vehicle in safe mechanical condition as required by law;
5. Have current registration tags on the vehicle.

Volunteer Acknowledgement:

I acknowledge that I have read and understand the above stipulations, and that I agree to abide by the conditions set forth above, while serving as a volunteer with David & Margaret Youth and Family Services. I also understand that as a volunteer I am not to transport any of the agency residents or staff until I have given the Volunteer Services Coordinator a 5-year DMV printout, proof of registration, and proof of insurance and received clearance. Signing this agreement does not constitute a clearance.

Signed by: _____

Date: _____

Printed Name: _____

HEALTH STATEMENT

I, _____ am in good health and capable of performing assigned tasks.

Signature

Date

LIVESCAN FINGERPRINTING AND TUBERCULOSIS SCREENING

LIVESCAN FINGERPRINTING OFFICES

Claremont Police Department

570 W. Bonita Avenue
Claremont, CA 91711
(909) 399-5411

FEE: \$10.00

Citrus Community College District

1000 W. Foothill Blvd
Glendora, CA 91741
1-877-477-4688 - 24 hours for scheduling

FEE: \$15.00

La Verne Police Department

2061 Third St.
La Verne, CA 91750
(909) 596-1913

FEE: \$ 20.00

Montclair Police Department

5060 Montclair Plaza Lane
Montclair, CA 91763
(909) 621-5873

FEE: \$ 12.00

There are many offices that do **LIVESCAN** fingerprinting. If none of the above offices are close to you, check with Program Staff for more listings. We recommend that you call ahead to check what the hours of service are at the livescan office where you plan to go.

*****Be sure to bring your driver's license or other photo ID and the completed LIVESCAN form given to you by the Program Staff.*****

TUBERCULOSIS SCREENING

If you have had a Tuberculosis Test administered **within the past 6 months from the date of application to be a volunteer**, David & Margaret will accept a copy of the results.

The Tuberculosis test is free of charge for potential volunteers at David & Margaret.

Please be aware that nursing staff is available on Monday, Tuesday, or Wednesday mornings only to administer the test. You will be asked to return two days later to have the test read.

In order to avoid a schedule conflict, please call ahead of time to ensure the nurse is available to administer the test. Please tell the Nurse that you have applied to be a volunteer.

The phone number for the Nurse is (909) 596-5921 Ext. 3233.

Please be advised that you cannot come in on a Thursday or Friday to take the test, as the results need to be read two days later. Nursing staff is not available on weekends to read the tests.

VOLUNTEER INFORMATION SHEET
(This form is optional; used for statistics only.)

Date _____

Gender/Zip Code/School
(Please check male or female and fill in your current zip code):

Male
Female
Zip Code (home)

Age/Ethnicity (Please check box with your age and ethnic background):

	0-5	6-12	13-17	18-55	56-64	64 +
African American						
Asian/Pacific Islander						
American Indian						
Hispanic/Latino						
White/Caucasian						
Other/Multi-racial						
Unknown						

David & Margaret Program Name: _____

Other David & Margaret Programs (if any) _____