

MENTORING GUIDELINES

Mentors with MentorKids KY are caring, responsible, Christian adult volunteers who serve as trusted friends, supports, and guides to a child in their community for a period of at least one year. Mentors build a relationship based on trust and acceptance with their mentee which provides a foundation for positive mental, spiritual, emotional, and physical growth.

Process of becoming a Mentor:

- Submit a completed Mentor Application Packet.
- Participate in a personal interview with a MKK staff member.
- Undergo a background screening process.
- Attend a new mentor training/orientation session.
- Become matched to a Mentee.

Responsibilities to Mentee and MentorKids KY:

- Commit to a one-year mentoring relationship with a mentee.
- Spend at least one hour a week with your mentee.
- Communicate with your Program Coordinator weekly.
- Outside of unforeseen circumstances - honor all commitments made to your mentee.
- Be a positive role model by demonstrating positive character.
- Establish appropriate boundaries with your mentee and his/her family (to be covered in the training).
- Willingness to receive and implement input provided by the Program Director.
- Attend the initial mentor training, as well as, participate in yearly training sessions.
- Abide by all of the Mentor Responsibilities and Guidelines listed in the Training Manual.

Qualifications:

- Be at least 18 years of age, living in surrounding counties of Owensboro for the last six months.
- Demonstrates faith in Jesus Christ and willing to sign the MentorKids KY Statement of Faith.
- Connected to a local church fellowship and attends regularly.
- Must be able and willing to guide a youth into a personal relationship with Jesus.
- Must demonstrate sound personal judgment as well as emotional and personal maturity.
- Must not have any health problems which would be detrimental to the match.
- Must have a valid driver's license and access to an automobile covered by liability insurance.

Mentors are NOT suitable for MentorKids KY if they:

- Have been involved in a violent crime or a crime against a child.
- Have been cited for driving under the influence (DUI) in the past three years.
- Participate in homosexual behavior.
- Condone or are involved in acts of abortion.
- Engage in sexual activity outside of marriage and/or live with a member of the opposite sex.
- Use illegal drugs or have been charged with the use of illegal drugs within the past three years.
- Cannot refrain from using profane language, alcohol, or tobacco in the presence of their mentee.

By signing below, I attest to of all information listed above and agree to all terms and conditions.

Signature of Applicant

Date

MENTOR APPLICATION

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Work phone: _____

Date of Birth: ____ / ____ / ____ Gender: Male Female

Marital Status (circle): Single Married Divorced Widowed

Please list everyone currently living with you:

NAME	SEX	AGE	RELATIONSHIP

Education (Please circle last grade completed)

High School: 9 10 11 12

College: 1 2 3 4

Degree: _____

Other Training: _____

Church Affiliation

Church Name: _____

Member: Yes No If yes, how long? _____

Please give a brief explanation of previous & current church involvement:

MentorKids KY does not discriminate against any adolescent. This includes adolescents whose family may not practice any religion; who might come from a homosexual household; who have possibly been sexually and/or physically abused.

If your potential mentee would fall in any of the above listed scenarios, would you have any hesitations and/or concerns being matched with them? Yes No

Please answer all of the following questions as completely as possible.

What interests you about becoming a mentor?

What qualities or other attributes do you feel you have that would benefit a youth? Please explain:

Have you ever volunteered or worked with kids before? If yes, in what capacity?

(This is not a requirement)

Please circle the age group(s) you are interested in working with:

Ages: 7-8 9-11 12-14

Please check all activities you are interested in:

BASEBALL	SOCCER	GEOCACHING	VIDEO GAMES	ANIMALS/PETS
BASKETBALL	SWIMMING	SCIENCE	MOVIES	GOING TO PARKS
BIKING	NASCAR	READING	CRAFTS	COOKING
FOOTBALL	HIKING	LIBRARY	BEING INSIDE	PAINTING
GOLFING	FISHING	MUSIC	BEING OUTSIDE	YOGA/PILATES
RUNNING	GARDENING	SHOPPING	BOARD GAMES	FINE ARTS

What challenges do you feel adolescents face today and may need help with?

What types of activities and/or life skills would you like to share with your mentee?

How would you describe yourself as a person?

What do you consider your greatest strengths and your greatest weaknesses?

What did your life look like before and how has your life changed since accepting Christ as your Lord and Savior?

Based on your Christian values what would you say if your mentee told you that he/she was involved in a sexual relationship?

Based on your Christian values what would you say if your mentee told you that they were considering agreeing to an abortion?

Based on your Christian values what would you say if your mentee told you that he/she thought they were homosexual?

PERSONAL & LEGAL QUESTIONS

- | | | |
|--|-----|----|
| Have you ever been investigated or convicted of child abuse or neglect? | Yes | No |
| Have you ever been convicted of a sex related offense? | Yes | No |
| Have you ever been convicted of a felony? | Yes | No |
| Have you ever been convicted of a drug related offense? | Yes | No |
| Are you currently using any illegal drugs? | Yes | No |
| Have you ever struggled with an addiction to alcohol and/or drugs? | Yes | No |
| Do you have any criminal charges pending against you? | Yes | No |
| Are you currently involved in legal action of any kind? | Yes | No |
| Have you ever received treatment/hospitalization for a mental health issue? | Yes | No |
| Have you ever been physically, emotionally, and/or sexually abused? | Yes | No |
| Have you or anyone in your family experienced a major life change in the past 12 months? | Yes | No |
| Do you foresee any major life changes occurring over the next year? | Yes | No |
| Are you currently under a physician's care? | Yes | No |
| Are you currently taking prescription medications? | Yes | No |

If you answered yes to any of the above questions, please explain and list approximate dates:

EMPLOYMENT HISTORY

Please provide employment information for the past three years, with most recent position held first. If more space is needed, use an extra sheet of paper.

Company Name: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Supervisor's Name: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

What does a normal work week (days and hours) look like for you? _____

Could your job possibly affect your time for mentoring? _____

Company Name: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Supervisor's Name: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Company Name: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Supervisor's Name: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

PERSONAL REFERENCES

Please list four references that know you well enough to appraise your personal character. Use one pastor or spiritual leader in your church, your spouse or a relative, one present or past employer, and one friend you have known two years or more. These people will be contacted and asked questions regarding your capacity to serve as a Christian Mentor.

Pastor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Spouse/Relative's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____

Employer/Supervisor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Friend's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

STATEMENT OF FAITH

WE BELIEVE in one God, Creator and Lord of the Universe, the co-eternal Trinity: Father, Son, and Holy Spirit.

WE BELIEVE that Jesus Christ, God's Son, was conceived by the Holy Spirit, born of the Virgin Mary, lived a sinless life, died a substitutionary atoning death on the cross, rose bodily from the dead and ascended to heaven where, as truly God and truly man, He is the only mediator between God and man.

WE BELIEVE that the Bible is God's authoritative and inspired Word. It is without error in all its teachings, including creation, history, its own origins, and salvation. Christians must submit to its divine authority, both individually and corporately, in all matters of belief and conduct, which is demonstrated by true righteous living.

WE BELIEVE that all people are lost sinners and cannot see the Kingdom of God except through the new birth. Justification is by grace through faith in Christ alone.

WE BELIEVE in one holy, universal and apostolic Church. Its calling is to worship God and witness concerning its Head, Jesus Christ, preaching the Gospel among all nations and demonstrating its commitment by compassionate service to the needs of human beings and promoting righteousness and justice.

WE BELIEVE in the necessity of the work of the Holy Spirit for the individual's new birth and growth to maturity, and for the Church's constant renewal in truth, wisdom, faith, holiness, love, power, and mission.

WE BELIEVE that Jesus Christ will personally and visibly return in glory to raise the dead and bring salvation and judgment to completion. God will fully manifest His kingdom when He establishes a new heaven and new earth, in which He will be glorified forever, and exclude all evil, suffering, and death.

Signature of Applicant

Printed Name of Applicant

Date

INFORMATION RELEASE FORM

Authorization and Consent for Release of Information

I, _____, understand it will be necessary for MentorKids KY Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize MentorKids KY to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for MentorKids KY to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship (not including personal application information deemed private which shall remain confidential at all times).

Full Name _____

Address _____ City _____ Zip _____

Date of Birth ____/____/____ Social Security Number ____/____/____

Current Driver's License No. _____ State: _____

Please list any other cities and dates of residency during the last seven years.

City State From (m/year) To (m/year)

City State From (m/year) To (m/year)

City State From (m/year) To (m/year)

Signature of Applicant

Date

APPLICATION CHECKLIST

MentorKids KY Mentoring Program appreciates your interest in becoming a mentor. Please carefully read and initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I agree to allow MentorKids KY Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials solely related to MentorKids KY publications.

_____ I understand I must return all of the following completed items and that any incomplete information will result in the delay of my application being processed:

- Mentor Guidelines Signed
- Mentor Application
- Personal and Legal Questions
- Employment History
- Personal References
- Statement of Faith
- Information Release Form
- Copy of your valid driver's license and proof of liability auto insurance

By signing below, I attest to the truthfulness of all information listed on the above items and agree to all the above terms and conditions.

Signature of Applicant

Date

Please return the items listed above one of three ways:

MAIL: MentorKids KY, 2815 Veach Rd, Owensboro, KY 42303

EMAIL: maria@mentorkidsky.org or FAX: (270) 926-3783