

UFM Teen Mentoring Program

Volunteer Mentor Information

About the Mentoring Program:

The UFM Teen Mentoring Program offers a structured program of support and life skills to youth in grades 7 - 12. The program provides a safe, supportive and consistent environment for teens to learn positive life skills and to focus on primary prevention activities.

Program goals include:

- Teaching positive life skills and alternatives to alcohol and drug use
- Improving confidence and resistance skills
- Enhancing the self-esteem of participants
- Improving personal control
- Improving interpersonal communication
- Empowering youth to take responsibility for their own futures

Volunteer responsibilities:

Volunteers are asked to provide support, encouragement and friendship to teens referred to the program. Each mentor is generally assigned one or two adolescents. Mentors need to be available about three hours per week, on Tuesday or Thursday afternoons, plus a little time for additional follow up. The group meets on Tuesdays or Thursdays from 3:00 to 5:00 p.m. during the school year and Wednesday from 3:00 to 5:00 in the summer. Mentors are also requested to come early to help transport students from school to UFM. Meetings are held at UFM Community Learning Center, 1221 Thurston. Activities are planned each week to provide life skills, learn new skills and have fun. Recreation is planned at least once a month and might include bowling, ice skating, kickball or other activity.

MANDATORY mentor meetings are held once a month. These meetings allow time to discuss upcoming activities and the mentor's role in facilitating the success of the upcoming activities. Mentor meetings include program evaluation and mentor development. Time is also allowed to process any issues mentors notice with their students.

In addition to the group meetings, mentors are asked to follow up with their students weekly by a phone call, visit or e-mail. All communication outside of weekly group meetings must be parent/guardian approved.

The requirements to volunteer are:

- Willingness to commit time for weekly group meetings and monthly mentor-only meetings. This includes picking up the students from school and taking them home after group.
- Enthusiasm and patience
- Interest in developing a friendship with a middle school or high school student
- Ability to commit a minimum of one semester (More than one semester is encouraged.)
- Regular attendance is expected.
- Completion of the application, interview process and background check.
- Maintain the confidentiality of their student's experiences, comments, and conversations inside and outside weekly group meetings.

*For more information, call UFM at (785) 539-8763 or visit tryufm.org
UFM Community Learning Center: 1221 Thurston St, Manhattan, KS*

UFM Teen Mentoring Program Volunteer Mentor Application

(Interested mentors can complete application online and email to isis@tryufm.org or can drop off a copy at 1221 Thurston St, Manhattan KS.)

Name: _____ Daytime #: _____ Evening #: _____
Address: _____ City: _____ State: _____ Zip: _____
E-Mail: _____
Interest in High School group ___ or Middle School group _____ Age: _____ Gender: _____
Year in School: _____
How long will you be in this community? _____
College major or area of interest: _____

Why are you interested in volunteering for this program?

Do you have transportation? Yes _____ No _____
Are you able to come early at 2:30 p.m. to pick up students from school and bring them to UFM? Yes _____ No _____
Have you ever had personal involvement with the court system? No _____ Yes _____ If yes, please explain.

Volunteer work, and youth involvement; Special Skills you can share:

Other information you would like us to know about you:

The information I am presenting in this application is true and correct to the best of my knowledge. I hereby give UFM Community Learning Center permission to contact my references concerning my qualifications to be a Mentor. I also give permission for my references to provide UFM information about my experiences with them. If appointed as a mentor, I agree to abide by stated rules and goals for the program and will fulfill my responsibilities to the best of my ability.

Signature: _____

Date: _____

Mentor Contract

(Please fill out in person at mentor interview)

I _____ understand the rules and regulations of the UFM Teen Mentoring Program. I will follow all rules and regulations outlined in the Mentor Information section, created during group sessions and rules listed below. I understand a violation of these rules will lead to discontinuation of the program.

I understand I will be immediately removed from the program in the situation of:

- Drug, tobacco or alcohol use/intoxication during mentoring sessions, sharing any of these products with a student, or use/intoxication any time I am with a student from the UFM Mentoring Program
- Participation in any activity outside of regular mentor session times without consent from the parent/guardian.
- Any form of sexual harassment, sexual abuse, or inappropriate comment to another mentor or a student. This includes, but is not limited to:
 - Unwanted physical touching
 - Forcing another person to physically touch the aggressor
 - Forced intercourse of any kind.
 - Inappropriate and unwanted sexual comments
- Physical violence against another mentor, student or the Coordinator.

I understand I will be on Mentor Probation, which will include a meeting with the Coordinator to discuss my future participation in the situation of:

- Missing a mentoring session without informing the coordinator AT LEAST 24 hours before the session begins
- Missing a Mentor Meeting without providing notification and cause for missing meeting
- Use of inappropriate language at any time during a mentoring activity.

I understand and will follow the rules and regulations of the UFM Teen Mentoring Program.

Signature

Date

Volunteer Driver Pledge

(Please fill out in person at mentor interview)

As a volunteer for UFM, I understand that my safety and the safety of others is paramount.

I understand that driving as a volunteer is a privilege, not a right, and therefore, I agree to:

1. Provide evidence of my current status as a licensed driver in Kansas.
2. Comply with all of UFM's policies and procedures and any directions provided by my supervisor
3. Comply with all laws and regulations concerning driving, including laws pertaining to the use of seat belts, child safety seats, cell phone use, and speed limits
4. Promptly notify my supervisor of any physical conditions, vehicle defects, or road conditions that might affect my safety or the safety of those I am driving
5. Notify my supervisor of any traffic citations I receive—even if given while driving on my personal time

And, if involved in an accident, I agree to complete an Accident Report provided by UFM and to cooperate with the police, my supervisor, and UFM's insurer, its insurance adjusters and attorneys.

I pledge that if I drive my own vehicle on behalf of UFM, I will maintain adequate personal auto insurance. I also understand that as a volunteer driver, my personal auto insurance will be activated for any accidents or incidents that involve my vehicle, including those that occur while I am serving as a volunteer driver for UFM.

Signature

Date

Drug and Alcohol Policy

(Please fill out in person at mentor interview)

The use, possession, and/or intoxication from drugs and alcohol are strictly prohibited in the UFM Teen Mentoring Program. This includes all UFM sponsored activities involving students and mentors. I understand I will be immediately removed from the program, and, if applicable, prosecuted for my actions.

I _____ understand drug and alcohol use, possession and/or intoxication is a zero tolerance issue at the UFM Teen Mentoring Program and I will accept responsibly if my actions defy this rule.

Signature

Date

Volunteer Release and Waiver of Liability Form

(Please fill out in person at mentor interview)

This Release and Waiver of Liability executed on _____ by _____ releases UFM,, a nonprofit corporation organized and existing under the laws of the State of Kansas and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for UFM and engage in activities related to serving as a volunteer. Volunteer understands that the scope of volunteer's relationship with UFM is limited to a volunteer position, will be compensated \$0.58 per mile driven while transporting children at the end of the semester, and that UFM will not provide any benefits traditionally associated with employment to volunteer; and that volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of volunteer services to UFM.

1. **Waiver and Release:** I, the Volunteer, release and forever discharge and hold harmless UFM and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to UFM. I understand and acknowledge that this Release discharges UFM from any liability or claim that I may have against UFM with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to UFM or occurring while I am providing volunteer services.
2. **Insurance:** Further I understand that UFM does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of UFM beyond what may be offered freely by UFM in the event of injury or medical expenses incurred by me.
3. **Medical Treatment:** I hereby Release and forever discharge UFM from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit.
4. **Assumption of Risk:** I understand that the children I am working with are high risk students. In the case of a violent outbreak or injury, as a volunteer, I hereby expressly assume risk of injury or harm and Release UFM from all liability.
5. **Photographic Release:** I grant and convey to UFM all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by UFM in connection with my providing volunteer services to UFM.
6. **Other:** As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Kansas and that this Release shall be governed by and interpreted in accordance with the laws of the State of Kansas. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature

Date

UFM Mentor Emergency Information Form

(Please fill out in person at mentor interview)

Mentor's Name: _____ Birth date: _____

Parent/Guardian Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ Cell phone: _____

E-Mail: _____

Emergency Contact: _____ Phone: _____

Alternative Contact: _____ Phone: _____

Mentor's Insurance Co. _____ Policy #: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Preferred Hospital: _____

VOLUNTEER NOTICE PURSUANT TO THE PROTECT ACT

To the Mentors volunteer applicant:

On April 30, 2003, the Prosecutorial Remedies and Other Tools to end the Exploitation of Children Today (PROTECT) Act of 2003, Public Law 108-21, was signed into law. Section 108 of the PROTECT Act authorizes fingerprint-based state and national criminal history background checks to determine the fitness of volunteers associated with the Boys & Girls Clubs of America, the National Mentoring Partnership, or the National Council of Youth Sports. On January 5, 2006, the pilot program was extended until August 2008, and was expanded to include any non-profit organization that provides care to children.

Pursuant to the PROTECT Act, the organization to which you have applied to serve as a volunteer may request a criminal history background check. This check will access criminal history record information held by the Federal Bureau of Investigation (FBI), and a determination will be rendered by the National Center for Missing and Exploited Children (NCMEC) as to the fitness to serve in that capacity. The determination rendered by NCMEC will be communicated to the Kansas Highway Patrol. The Kansas Bureau of Investigation and the Kansas Highway Patrol also will conduct criminal history background checks to determine your fitness to serve as a mentor, under the provisions of the National Child Protection Act (NCPA) and the Volunteers for Children Act (VCA). Prior to and after the completion of the background checks, the organization may choose to deny you access to children participating in its program.

Consistent with the provisions of the PROTECT Act, the NCMEC – jointly with the Boys & Girls Clubs of America, the National Mentoring Partnership, and the National Council of Youth Sports – established criteria that NCMEC will use in examining criminal histories and making fitness determinations. The four organizations determined that convictions for the six following crimes will prompt a determination that you “do not meet the criteria” to serve as a volunteer:

- Any felony
- Any lesser crime in which sexual relations is an element (including pornography)
- Any lesser crime involving controlled substances (including DUIs involving drugs)
- Any lesser crime involving force or threat of force against a person
- Any lesser crime involving cruelty to animals
- Any lesser crime against a minor

In addition, in any circumstance in which you have been arrested for a prohibiting offense, but the criminal history record does not indicate a disposition, or you have been arrested and subsequently cleared of one or more crimes against a child, the volunteer organization will be informed that you “may not meet the criteria” to serve as a volunteer.

Lastly, in any circumstance in which no record is found, the Kansas Highway Patrol will be informed that you “meet the criteria” to serve as a volunteer. Of course, the fitness determination is only one part of the organization’s applicant review, and the absence of a criminal history record does not ensure you will be considered acceptable by the organization.

Under the PROTECT Act, you must provide the volunteer organization with:

1. A set of fingerprints;
2. Your name, address, and date of birth (as it appears on a document made or issued by or under the authority of the United States Government, a state, political subdivision of a State, a foreign government, a political subdivision of foreign government, an international government, or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. 1028(d)(2));
3. A photocopy of the document described in paragraph 2; and
4. A statement of whether you have a criminal record and, if so, the particulars of such record. The attached application may serve as your statement of whether you have a criminal record and your acknowledgement that fingerprint-based records checks will be conducted.

Once the criminal background check is complete, you are entitled to: (1) obtain a copy of any criminal history record; and (2) challenge the accuracy and completeness of the criminal history record information. You may contact the Kansas Highway Patrol to challenge your criminal history information and/or fitness determination.

By signing the volunteer application, you authorize: (1) the Kansas Highway Patrol (KHP) to obtain a complete set of your fingerprints and descriptive data and transmit them to the Kansas Bureau of Investigation (KBI) and the Federal Bureau of Investigation (FBI); (2) the KHP, KBI, and FBI to perform criminal history background checks; (3) the FBI to provide the National Center for Missing and Exploited Children (NCMEC) with the results of the check; (4) the NCMEC to inform the KHP of the results of the fitness determination; (5) the KHP to inform the volunteer organization of the results of the fitness determination; and (6) the volunteer organization to inform you of your fitness determination.

VOLUNTEER APPLICATION PURSUANT TO THE PROTECT ACT

(Please fill out in person at mentor interview)

Organization Information (Program Coordinator will complete)

Volunteer Organization: _____

Address: _____

Contact Person: _____

E-Mail: _____

Applicant Information (Volunteer will complete.)

Name of the applicant:

First

Middle

Maiden

Last

Other names by which known: _____

Date of birth: _____

Street address _____ Apt. # _____

City

State

Zip Code

Please check the appropriate box and, if necessary, fill in the requested information:

I have a criminal record, and the following are the particulars (offense, date, location/jurisdiction, circumstance and outcome) of such record: _____

I do not have a criminal record. _____

By signing this form, I acknowledge that I have been provided a copy of this volunteer notice and application. My signature constitutes an acknowledgement that criminal history checks will be conducted by the Federal Bureau of Investigation, the Kansas Bureau of Investigation, and the Kansas Highway Patrol. I have read and understood the foregoing, and my certification is true and correct to the best of my knowledge and belief. I swear and affirm that the fingerprints submitted in support of this application are mine.

Date: _____ Signature: _____