

CADY Mentoring Program
PO Box 302
Astoria, OR 97103

Dear Future Mentor,

Mentoring is one of the most significant ways that you can make an impact on the life of a young person. A small time commitment can make a significant difference in a child's life. No special skills are needed, just the willingness to care and spend time with someone who needs you. Mentors share life experiences, support goals, and encourage children to reach their dreams and their full potential.

The Clatsop County Juvenile Department in partnership with Management & Training Corporation is establishing a mentoring program for the youth of Clatsop County. The Caring Adults Developing Youth (CADY) Mentoring Program will focus on encouraging school success and reducing school dropouts. This program will benefit youth who have been identified to have risk factors in the "school failure" domain and at least one other risk domain (i.e. substance abuse, negative peer pressure, antisocial behavior, or poor family functioning) by providing a committed relationship with an adult.

Mentors will be matched with youth ages 10-17. Mentors and mentees will meet once a week to establish a relationship that will focus on developing the youth's character, capabilities, and potential through enjoyable activities.

Currently, we are looking for adult Mentors. I have included a mentor application form to be filled out by anyone who is interested in becoming a mentor. Please fax completed forms to 338-3648 or mail to:

CADY MENTORING PROGRAM
PO Box 302
Astoria, OR 97103

CADY Mentoring Staff will be happy to set up a meeting to discuss the program with any one who is interested. To set up a meeting please call 325-8601.

Thank you,

Tori Daggatt
CADY Mentoring Coordinator

CARING ADULTS DEVELOPING YOUTH MENTORING PROGRAM

Creating Vision Through Mentoring

Mentor Application

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Social Sec. #: _____

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

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Employment History

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

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

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

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

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

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

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

Position Held: _____

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor?

2. Do you have any previous experience volunteering or working with youth? If so, please specify.

3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.

4. Can you commit to participate in the CADY Mentoring Program for a minimum of one year from the time you are matched with a youth?

5. Are you available to meet with a child eight hours per month and have contact at least once per week? Please explain any particular scheduling issues.

6. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.

7. How would you describe yourself as a person?

8. How would your friends, family, and co-workers describe you?

9. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?

10. Have you ever used illegal drugs? If so, what substances were used and how often?

11. Are you currently using any illegal drugs or controlled substances?

12. Do you drink alcoholic beverages? If so, what and how often?

13. Have you ever been convicted of a DUI, drinking while under the influence of alcohol? If yes, when and what were the circumstances?

14. Do you use tobacco products? If so, what and how often?

15. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.

16. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.

17. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.

18. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.

19. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?

20. Are you willing to attend an initial mentor training session and two in-service training sessions per year after being matched?

Please read this carefully before signing:

Caring Adults Developing Youth Mentoring Program appreciates your interest in becoming a mentor.

Please 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 understand that Caring Adults Developing Youth Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow Caring Adults Developing Youth 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.

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

- Copy of your valid driver's license and proof of auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form
- DMV Release Form (state agency form)
- Criminal History Release Form (state agency form)
- Child Abuse and Neglect Release Form (state agency form)
- Sexual Offender Release Form (state agency form)

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

Signature

Date

Please return or mail this application and the items listed above to CADY Mentoring Program Coordinator, P.O. Box 302, Astoria, Oregon 97103.

**CARING ADULTS DEVELOPING YOUTH
MENTORING PROGRAM**

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Information Release

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

I authorize CADY 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 CADY to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. 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.

Signature Date

Full Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____

Social Security Number ____/____/____

Current Driver's License No. _____ State: _____

Please list any other cities, states, and dates of residency during the past 10 years.

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

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

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

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

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Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information Caring Adults Developing Youth Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

CARING ADULTS DEVELOPING YOUTH MENTORING PROGRAM

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Mentor Interest Survey

Name: _____ Date: _____

Please complete all the following. This survey will help Caring Adults Developing Youth Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentee? Please check all that apply.

Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___ Weekends: ___
Other: ___

Please indicate age group(s) and/or you are interested in working with:

Age : ___ 10–13 ___ 14–17 Ethnicity: _____

Do you speak any languages other than English? If so, which languages?

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with. _____

What are some favorite things you like to do with other people?

What are your favorite subjects to read about?

What is your job and how did you choose this field?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas