

Please Return to:  
 TeamMates Mentoring Program  
 11850 Nicholas Street, Suite 120  
 Omaha, NE 68154  
 FAX: 402-884-0883

# TeamMates Mentoring Program Volunteer Application

I am applying to become a:  Mentor  Board Member (*invitation only*)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Maiden or other Legal Names \_\_\_\_\_

Date of Birth \_\_\_\_\_ Preferred Mailing Type:  Standard Mail  Email Chapter or School Preference \_\_\_\_\_  
If you don't know please write "unknown"

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ extension # \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail address(pls. provide) \_\_\_\_\_ Gender \_\_\_\_\_

The following information is requested for input into our database and is not a determinant of eligibility to be a mentor.

<p><b>Ethnic Indicator</b>          Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Race</b>  <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Pacific Islander  <input type="checkbox"/> Asian <input type="checkbox"/> White  <input type="checkbox"/> Black/African American <input type="checkbox"/> Other _____</p>	<p><b>What is your highest level of education completed?</b>  <input type="checkbox"/> High School <input type="checkbox"/> BA/BS Degree  <input type="checkbox"/> High School Diploma <input type="checkbox"/> Master's Degree  <input type="checkbox"/> College Courses <input type="checkbox"/> PhD  <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Other _____</p>
--	--

**How did you hear about TeamMates?**

<input type="checkbox"/> I am a former TeamMates mentee <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Billboards <input type="checkbox"/> Personal Friend/Acquaintance _____ <input type="checkbox"/> Current Mentor (name) _____ <input type="checkbox"/> Board Member/Coordinator _____	<input type="checkbox"/> Social Media (site) _____ <input type="checkbox"/> I was nominated for the program by _____ <input type="checkbox"/> Business _____ <input type="checkbox"/> Faith Based _____ <input type="checkbox"/> Service Organization _____ <input type="checkbox"/> Presentation/Booth (where) _____ <input type="checkbox"/> Other _____
---	--

**Please select one of the following that best categorizes your current employment/status (choose ONE only):**

Employed  
 Retired  
 Self Employed  
 Student (specify college or university) \_\_\_\_\_ (Expected graduation date) \_\_\_\_\_  
 Other

NAME OF EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

**Do you speak a second language?**  No  Yes, I speak \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please provide the following information for three references (required for eligibility).**  
 \* For applicants from Lincoln only non-family references are allowed so please list an additional friend or employer  
 \*\*Retired or self-employed applicants please list an additional friend reference.

	*Family Reference	Friend Reference	**Employer Reference
Name			
Relationship			
Cell Phone			
Home Phone			
Work Phone			
E-mail			

I give permission for TeamMates to run a criminal and abuse registry check. \* Background checks will be run every three years.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ 06.15



Together We Transform Lives

## TeamMates Mentor Agreement

I, \_\_\_\_\_ (your name) acknowledge that if accepted as a TeamMate Mentor, I agree to abide by the rules and regulations of the TeamMates Mentoring Program. I understand that the program involves spending time weekly at the assigned school with my student during the school year. I will be committed to at least three school years with my mentee, if possible. I have not been convicted or had final disposition of a conviction of any felony or misdemeanor classified as an offense against a person or family, or public indecency, or a violation involving a state or federally controlled substance. I am not currently under indictment. **I give permission for TeamMates to conduct a periodic criminal background check and child/adult abuse inquiry.** Further, I hereby fully discharge school personnel and participating companies or organizations from any and all liability, claims, causes of action, costs and expenses which may be attributable to my participation in the TeamMates Mentoring Program.

In connection with my application to volunteer, I understand that references may be requested that will include information as to my character, work habits, performance and experience.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference contacted by One Source, The Background Check Company or its agent, to furnish the information described above. I understand that in the event a decision is made based upon the results of my background check, a report will be furnished to me upon my request.

I also agree to the following:

- To actively participate in training sessions before beginning.
- To be on time for scheduled meetings.
- To sign in on the volunteer registration sheet at the school prior to each visit.
- To notify the school office if I am unable to keep my regularly scheduled meeting with my youth TeamMate.
- To engage in the one-to-one mentoring with an open mind.
- To accept assistance from the student's teachers and TeamMates Mentoring Program Coordinator.
- To keep discussions with the student confidential, except to inform the teacher or program coordinator about situations that negatively affect the student's health or welfare.
- To ask the program coordinator when I need assistance or do not understand something.
- To notify the program coordinator of any changes in my employment, address, or phone number.
- To notify the program coordinator of any problems or difficulties with the relationship.
- To notify TeamMates if any criminal charges brought against me while I am a TeamMates Mentor.
- To cooperate with the program's policies and procedures.
- To allow TeamMates to use my photograph/image or likeness as needed.

I understand the TeamMates Mentoring Program reserves the right to deny acceptance to any mentor and to terminate a mentor from the program.

**Yes / No Have you ever been given pretrial diversion?**

**I have read the above statements and agree to the contents. To the best of my knowledge and belief, all statements in my application are true and accurate.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Division of Children and Family Services  
Request for Child and/or Adult Abuse and  
Neglect Central Register/ry Check(s)



**INSTRUCTIONS**

I hereby authorize the following information request from the Nebraska Adult Central Registry and/or the Nebraska Child Abuse and Neglect Central Register, which is maintained by the Division of Children and Family Services. Agencies agree to use the information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults

**All designated fields must be completed or the request will be returned and not processed.** If this document is not typed, all information must be clearly printed and legible.

**AUTHORIZATION**

I authorize the Division of Children and Family Services to conduct the following type(s) of checks:

- Adult Protective Services Central Registry       Child Protective Services Central Register

**TYPE OF CHECK**

Select only one:

- Agency Requested Check       Self Check

Is this a request for an Adoption?       Yes       No

**AGENCY INFORMATION:** This section must be completed if this is an agency request.

Agency ID Number	Agency Name
1022	One Source The Background Check Company

**APPLICANT INFORMATION**

First, Middle, Last Name

Date of Birth	Age	Social Security Number

Current Address

City	State	Zip Code

E-Mail Address (CFS will use this email as the primary method of contact)

Other names previously used such as former married names, maiden name and nick names used during the past 20 years



First, Middle, Last Name

\_\_\_\_\_

Names and birthdates of your children and children who lived with you

\_\_\_\_\_

All previous addresses at which you have resided during the past 20 years (minimum City & State):

\_\_\_\_\_

**SIGNATURES & DATES**

This signature authorizes the Division of Children and Family Services to conduct the background checks indicated and to release that information to myself or the designated agency. **This authorization is valid for a period of 6 months from the date of signature.** Legal guardian signature is required if the applicant is less than 19 years of age.

Signature of Applicant

Date

Signature of Applicant's Legal Guardian (Note: this signature is necessary only if applicant is less than 19 years of age).

Date

**SELF CHECK**

Notary is required for Self-Check only.

Seal of Notary

Notary Public

**AGENCY CHECK**

The undersigned Agency employee hereby certifies that he or she has verified the identify of the applicant by examining the applicant's identification documents.

Agency Employee Signature

1022

Agency ID Number

Date