

Return all applications to:
TeamMates Screening Team
11850 Nicholas Street, Suite 130
Omaha, NE 68154
Fax: 402-884-0883

TeamMates Mentoring Program

Volunteer Application

I am applying to become a: Mentor Board Member (*invitation only*)
I would like to volunteer in (*chapter or school district*): _____.

TeamMates is a school-based, one-to-one mentoring program that matches screened, trained mentors with youth in grades 3-12. Mentors and mentees meet once each week at the mentee's school and focus on building a long-term relationship that ideally lasts until the mentee graduates from high school. If you have questions about the information requested below, please contact TeamMates at (402) 390-8326.

Can you agree to these criteria?

- I will be able to meet with my mentee once a week during the school year (3 – 4 times a month).
- I do not foresee any moves or job changes that would prevent me from mentoring the next 3 years.
- I will be available to mentor at school during the school day.
- I have reliable transportation to a school for mentoring.
- I will attend an initial 2.5 hour, in-person mentor training.

First Name _____ Last Name _____ Maiden or other Legal Names _____

Date of Birth _____ Preferred Mailing Type: Standard Mail Email

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ extension # _____

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

Ethnic Indicator Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your highest level of education completed?
Race <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"/> Biracial <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other	<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 Degree <input type="checkbox"/> Other _____

How did you hear about TeamMates?

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

Identify all service organizations, faith-based entities or community groups you are affiliated with:

<input type="checkbox"/> Kiwanis	<input type="checkbox"/> Lions or Elks	<input type="checkbox"/> Rotary	<input type="checkbox"/> Knights of Columbus	<input type="checkbox"/> Optimists	<input type="checkbox"/> Shriners
<input type="checkbox"/> Faith-based: _____	<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)

*Lincoln Applicants: Only non-family references are allowed. Please list an additional friend or employer reference.

**Retired or Self-Employed Applicants: Please list an additional friend reference.

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

Other considerations:

Do you have any anticipated future changes that would affect your ability to mentor such as a job change, extended travel, military deployment, plans to study abroad, internship participation, student teaching, etc.?

- Yes - What activity and when (year) will this activity happen? _____
- No

Do you have any specific training, skills, or hobbies that would be beneficial for your mentoring experience?

- No
- Yes (please briefly explain)

Why are you interested in being a mentor?

What are you hoping to get out of this experience?

What do you hope your mentee will get out of this experience?

Have you previously applied to be a volunteer with a youth serving organization? If so, which organization(s)?

I give permission for TeamMates to run a criminal and abuse registry check and to contact any of the youth serving organizations that I have listed above. Background checks will be run every three years.

Signed: _____ Date: _____

TEAMMATESSM

MENTORING

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 abide by all school rules and policies during every meeting with my mentee and at TeamMates events.
- 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 of any criminal charges brought against me while I am a TeamMates Mentor.
- To cooperate with the program's policies and procedures.
- To follow my school's rules (or Code of Conduct) at school and TeamMates events.
- 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.

Signed: _____ Date: _____

Child Abuse and Neglect Central Registry
Release of Information

All releases and fees should be sent via postal mail to the attention of: DCF, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601.

Please complete the information below by printing legibly in ink. All requested information is required to process this request. Incomplete information (blank spaces) will result in the release not being processed and returned. The release may be re-submitted with all requested information.

CONFIDENTIALITY: Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.

I, _____, give permission for the release of any information concerning
(Please print complete first, middle and last name)
myself in the Child Abuse and Neglect Central Registry to:

A. Contact Person:	
Agency Name:	One Source the Background Check Co
Mailing address:	PO Box 24148
	Omaha, NE 68124
Phone Number:	(800) 608-3645

ATTN: Victoria Harris

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency. I give permission for the release of any information concerning myself in the Child Abuse and Neglect Central Registry each year while I am employed or associated with the above agency.

Yes No

First, Middle and Last Name: _____

Maiden Name: (Female applicant only) _____

Married Names, Nicknames or Other Names Used: (Use N/A if no other names used) _____

Date of Birth: _____

Race: _____

Social Security # _____

Gender: Male Female

Signature: _____

Date: _____

Current Address: _____

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. The following state agencies are exempt from the \$10.00 fee: KDOC-JS (Central Office or Facilities), KNI, Dept. Of Education- Central Office, KDHE, KDADS, State Hospitals, State Correctional Institutions, Tribal Authorities, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states. Sub-contracting agencies are not exempt and will be assessed the \$10.00 fee.

Mentor record checks, i.e. Big Brothers Big Sisters, are exempt from the \$10.00 fee. For a complete list of Mentor Programs, go to: <http://community.ksde.org/Default.aspx?tabid=5194>. If this is a mentor record check, please make sure the box below is checked.

Mentor Program: If yes, please check

For Central Registry Use Only

____ FEE ATTACHED

I, _____, give permission for the release of information concerning
(PRINT ONLY)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)* Victoria Harris Phone 800.608.3645
Agency name One Source the Background Check Company
Agency mailing address PO Box 24148, Omaha, NE 68124

Check box if agency is a CDDO, CMHC, or ILRC

Maiden Name and/or Other Names Known By: _____
(PRINT ONLY)

Address: _____
Street City State Zip Code

DOB: ____/____/____ SS#: ____-____-____ Sex: M or F
(mm/dd/yyyy) (circle one)

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse and Neglect Central Registry each year while I am employed or associated with the above agency. ____ Yes ____ No

Signature: _____ Date: ____/____/____
(mm/dd/yyyy)

Per statute 65-6205: Community Service Providers, Mental Health Centers and Independent Living Centers may request information for the purpose of obtaining background information on applicants for employment without signed consent. Signature is not required from the individual for which the inquiry is made.

RETURN TO:

Adult Abuse Registry
555 S. Kansas Ave
Topeka, Kansas 66603-3444

FOR PPS ADMINISTRATION USE ONLY:

Record found?

Yes No If yes, finding: Abuse Neglect Exploitation Fiduciary Abuse (check all that apply)

"Yes" indicates the individual is listed on the adult abuse, neglect, exploitation registry.

Perpetrator's Name: _____

Region: _____ Date Substantiated: _____

Initial: _____ Date: _____