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**Volunteer/Mentor Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Last MI

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State ZIP

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Site (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe and education, training, work experiences, special skills, hobbies, and/or interests applicable to the working as a mentor or volunteer with CISGC:**

 **Please list 2 references:**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Last MI

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State ZIP

Phone 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Last MI

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State ZIP

Phone 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Contact Information**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Last MI

Phone 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Last MI

Phone 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Criminal History and Background Information

Please answer the following questions and provide a brief explanation where applicable. If you need additional space, please include a separate sheet of paper. Please note, a criminal background check is required for any volunteer wishing to be a CISGC mentor.

1. Have you even been convicted of a felony? \_\_\_ Yes \_\_\_ No

 If yes, please explain:

1. Have you even been convicted of a misdemeanor? \_\_\_ Yes \_\_\_ No

 If yes, please explain:

1. Have you even been brought before a juvenile court? \_\_\_ Yes \_\_\_ No If yes, please explain:

1. Have you even been investigated by Child Protective services? \_\_\_ Yes \_\_\_ No If yes, please explain:

**Criminal History Check Authorization for Release of Information**

By signing below, I hereby authorize the West Virginia State Police and/or the Lewisburg City Police,

Greenbrier County Sherriff’s Department, Greenbrier County Prosecuting Attorney, Probation Officer, the WV Department of Health and Human Services or any other qualified agency\* to release information pertaining to my criminal background to Communities In Schools of Greenbrier County. I understand that this information will be used only for the purpose of determining my qualifications as a potential volunteer/mentor and that any information obtained will be kept confidential. I understand that the information contained in my record may disqualify me from working with Communities In Schools of Greenbrier County.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*CIS of Greenbrier County uses *Hire Right* to conduct criminal background checks for volunteers. The cost to the agency is $12.30 per background check.

Please check here if you would like to make a donation to cover the cost of your background check.

# Alcohol/Drug Use Policy

I understand that I am strictly prohibited from performing any services as a volunteer/mentor with Communities In Schools of Greenbrier County while under the influence of alcohol or any controlled or illegal substance. I understand that a violation of this policy will result in my immediate termination as a volunteer/mentor.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Statement of Confidentiality

As a volunteer/mentor with Communities In Schools of Greenbrier County, I WILL NOT divulge any confidential information concerning any child for whom I provide services, nor will I discuss that child’s situation or problems with anyone other than the appropriate Communities In Schools of Greenbrier County staff. I understand that this is for the protection of the child, my fellow volunteers, and the organization as a whole. I will remember that the child for whom I am providing services needs my help free from both judgment and gossip.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement of Receiving Mandatory Reporting Policy Training**

By signing below, I am stating that I have received mandatory reporting training and I understand the materials covered during the training. I understand that if I have any questions about mandatory reporting, I should ask the appropriate CISGC staff.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Mentor Agreement

As a mentor in the CISGCMentoring Program, I agree to the following:

* Make a one-year commitment to mentoring;

* Attend an orientation session;

* Be on time for scheduled meetings;

* Notify CISGC staff and the school if I am unable to keep my weekly mentoring session;

* Engage in the relationship with an open mind;

* Accept assistance from my mentee’s teacher and/or school support staff;

* Keep discussions with my mentee confidential, unless the child’s safety or well-being is at risk or I suspect child abuse;

* Ask CISGC staff when I need assistance, do not understand something or am having difficulty with my mentoring relationship;

* Notify CISGC staff of any changes in email, address and telephone number;

* Notify the program coordinator of any significant change in my mentee; and

* Refrain from contacting or seeing my mentee off-campus or outside of the established parameters.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Signature Date

*Adapted from The Connecticut Mentoring Partnership, Business Guide to Youth Mentoring, and South Windsor Mentoring Program.*

# Volunteer Schedule

|  |  |  |
| --- | --- | --- |
|      | **Please circle all that apply**  |  |
| **Grade Preference:**  |  1st  | 2nd 3rd  | 4th 5th  |
|   |  6th  |  7th 8th  |  9th  |
|      |   | 10th 11th  No Preference

|  |  |  |  |
| --- | --- | --- | --- |
| **School Preference:**   |  Alderson Elem  |  Crichton Elem  |  Rainelle Elem  |
| Rupert Elem |  Ronceverte Elem   |  Eastern GMS  |  White Sulphur Elem |
| Greenbrier East HS |  Frankford Elem |  Western GMS |  Smoot Elem |
|  Lewisburg Elem  |  Greenbrier West |  |  |

 |  12th  |
| **Available Days:** Mon Tue  |  Wed Thur Fri Any  |

**Volunteer Method:** In-person Virtual No Preference

**Available Times:**

8:00 – 9:00 9:00 – 10:00 10:00 - 11:00 11:00 – 12:00 12:00 – 1:00

1:00 – 2:00 2:00 – 3:00 3:00 – 4:00 Afterschool Program Only

No Preference on time frame

*\* Please note that students’ availability varies by school, grade, and schedule*

**I would like to:** Mentor Tutor Either

**(For tutors Only) Please list preferred subjects:**

Submit completed form to janelle.vanfosson@k12.wv.us or mail to PO Box 1188 Lewisburg, WV 24901

Please call 304-661-1018 or email janelle.vanfosson@k12.wv.us with any questions