



Mentor Application

Name _____ Date of Birth _____
First Middle Last Social Security # _____
(SSN required for background check)

Home Address _____
Street City, State Zip Code

Home Phone _____ Cell Phone _____ Work Phone _____
 Email _____ Best Way to Contact You? (circle one) *Home Cell Work Email Mail*

Race _____ Gender Male Female Highest Level of Education _____
 Marital Status Single never married Married Divorced Separated Widowed

Employer _____ Occupation _____

Address _____
Street City, State Zip Code

Contact You At Work? Yes No Hours _____ How Long Employed? _____

Volunteers must provide documentation along with this application of: being 19 years or older, having a valid driver's license, and auto insurance to participate in the Amachi program and to transport a youth in any vehicle you are operating.

State and DL # _____ Expiration Date _____ Have Auto Insurance? Yes No

Do you have a criminal record? Yes No If so, please explain the details of such record (offense, date, location, circumstance, outcome): _____

References

Please list four references who have known you for more than a year and preferably observed you with children. Please print their name, telephone numbers (daytime, cell, home), and relationship to you. **Do not include more than one family member.**

| Name | Address | Telephone Numbers | Email Address | Relationship to You |
|------|---------|-------------------|---------------|---------------------|
| | | Home: Cell: | | |
| | | Home: Cell: | | |
| | | Home: Cell: | | |
| | | Home: Cell: | | |

Community Involvement

List all community and youth organizations you are involved in. (For example, civic organizations, church involvement, club memberships, professional associations, nonprofit boards, volunteer groups, etc.)

| Organization Name | Position Held | Length of Time Involved | May We Contact Them to Recruit Mentors? |
|-------------------|---------------|-------------------------|---|
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Would you be interested in being a “spokesperson” for the Amachi program to recruit mentors from your place of worship or other organizations/institutions you’re involved in? Yes No

Mentoring Experience

Have you ever been, or applied to be, a mentor? Yes No Where and When? _____

Can you meet with a child in the community for a minimum of one hour a week for one year? Yes No

How did you hear about Amachi Knoxville? _____

Referrals

| Name | Address | Telephone Numbers | Email Address | Relationship to You |
|------|---------|-------------------|---------------|---------------------|
| | | Home: _____ | | |
| | | Cell: _____ | | |
| | | Home: _____ | | |
| | | Cell: _____ | | |
| | | Home: _____ | | |
| | | Cell: _____ | | |
| | | Home: _____ | | |
| | | Cell: _____ | | |

Please provide us with the names of at least three (3) people who you think would be great mentors:

STATEMENT OF AGREEMENT

I understand that:

- 1) The references I listed may be contacted by mail, e-mail or telephone;
- 2) I am in no way obligated to perform any volunteer services;
- 3) The information I provided may be used to conduct a background check, to include driving records check, criminal background and sexual offender register registry checks and other records where required by local, state, or federal law for volunteers working with youth;
- 4) I will provide documentation to transport youth in the vehicle I operate, which includes a valid driver's license and current automobile insurance;
- 5) *Amachi Knoxville* is not obligated to match me with a youth;
- 6) Other youth organizations where I have worked or volunteered may be contacted as references; and,
- 7) As part of the enrollment process, I will be asked to provide additional personal information prior to any recommendations for assignment.

Please read this carefully before signing:

Amachi Knoxville appreciates your interest in becoming a mentor to a child of promise. By signing below, you attest to the truthfulness of all information listed on this application.

I understand that Amachi Knoxville is a community-based mentoring program that matches children of prisoners to mentors who are able to commit to spend a minimum of one hour a week (four hours a month which can be one meeting due to vacation or other extenuating circumstances) for one year, one-on-one with a child. If selected, I will follow the rules of the program and be a dedicated mentor. I agree to the time commitment of meeting one-on-one with a child for a minimum of one hour per week for one year.

Applicant's Signature

Date

CONFIDENTIALITY POLICY

Amachi Knoxville respects the confidentiality of mentee and mentor records and, with the exception of situations listed below, shares information about mentees and mentors only among the agency professional staff.

All records are considered the property of the agency and not the agency workers or mentees or mentors themselves. Records are not available for review by the mentees or mentors.

1. Information will be released to other individuals or non-Amachi Knoxville organizations only with the mentee or mentor's written consent..
2. Identifying information regarding mentees and mentors may be used in agency publications or promotional materials unless the clients or volunteer request otherwise.
3. Members of the Board of Directors or evaluators appointed by the Board have access to client files upon authorization of the Board of Directors.
4. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
5. Information shall be provided to an agency's legal counsel in the event litigation or potential litigation involving the agency.
6. State law mandates that suspected child abuse be reported to the Tennessee Department of Children's Services.
7. If an agency worker receives information indicating that a mentee or mentor may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or report to the local law enforcement authorities.
8. At the time a mentee or mentor is considered as a match candidate, information is shared between the prospective match parties. The information about the mentor may include such items such as: age, sex, race, religion, interests, hobbies, marital and family status, sexual orientation, living situation, etc. Information about the mentee may include such items such as: age, sex, race, religion, interests, hobbies, family situation, etc.

I agree to program participation under the above conditions. I further agree that I will not share identifying confidential information with anyone outside the agency, including family, friends, or community members, without the written consent of the persons involved (parent/caregiver of a mentee, mentee, or the mentor). I also acknowledge that such information should be shared judiciously even within the ranks of Amachi Knoxville, only with persons who have a specific need to know the information, and only in situations where others would not overhear such communication.

Mentor's Signature

Date

Witness

Date

Return Application To:

901 East Summit Hill Drive, Suite 300 Knoxville, Tennessee 37915 tel: 865.524.2774 fax: 865.525.4213 www.klf.org

CONSENT FOR BACKGROUND CHECK

Read and complete the following:

1. In connection with my application for volunteer work, I understand that an investigative criminal, sex-offender and motor vehicle report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination for past employment. I understand that as directed by company policy and consistent with the position described, you may be requesting information from public and private sources about my: driving record, credentials, criminal history records and references.
2. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
3. By my signature below, I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company contacted by Knoxville Leadership Foundation to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Print your full name

Dates used

Print other names you have used

Dates used

Social Security Number

Date of Birth

Driver's License Number

State Issuing License

Current address

City, State

Zip Code

How long at this address?

Second prior address

City, State

Zip Code

How long at this address?

Signature

Today's Date