

JUMP Juvenile Mentoring Program

MENTEE APPLICATION PACKET

The Juvenile Mentoring Program of the Montgomery County Youth Service Bureau is dedicated to providing sustainable, one-on-one mentoring relationships for the youth of Montgomery County. Adult volunteers will be matched with a child based upon common interests and hobbies. The matches are expected to last at least one year, and meet for at least 8 hours per month during that year.

Mentor Requirements

- Be at least 21 years old
- Reside in Montgomery County
- Be interested in working with young people
- Be dependable and consistent in meeting time commitments
- Be willing to communicate with mentee, parent(s)/guardian(s), and JUMP staff regularly
- Be willing and able to commit to 1-2 hours per week at least for one year

Mentor Screening Procedure

- Complete application packet
 - Provide three references
 - Provide proof of a valid driver's license and auto insurance
- Personal interview with JUMP staff
- Criminal history background check, including driving record check and sex and violent offender registry check
- Personal reference interviews
- Volunteer training prior to being matched

Mentee Requirements

- Be 6-14 years of age
- Reside in Montgomery County
- Be willing to commit to 1-2 hours per week for at least one year
- Must express an interest in the program
- Must obtain parental permission

Mentee Screening Procedure

- Complete application packet (to be completed by the parent/guardian)
- Parent interview with JUMP staff
- Mentee interview with JUMP staff

If you would like to be a mentor, or know of a child who could benefit from a mentor, please contact the Juvenile Mentoring Program at (765) 362-0694 ext 13 or email us at jillhysb@sbcglobal.net.

JUMP

Juvenile Mentoring Program



Dear Parent/Guardian,

Thank you for your interest in the Juvenile Mentoring Program. Mentoring has proven to make a positive difference in children's lives, and we hope the same proves true for your child.

Based on a study of Big Brothers Big Sisters of America, it was found that youth who are in a mentoring relationship for at least a year are:

- **46%** less likely than their peers to start using illegal drugs
- **27%** less likely to start drinking
- **52%** less likely than their peers to skip a day of school
- **37%** less likely to skip a class
- They were more trusting of their parents/guardians and less likely to lie to them, and they were more supported and less criticized by their peers and friends.

Please look through this Mentee Application Packet and find out if mentoring is right for your child. If you feel that your child would benefit from having a positive role model in his/her life, please fill out the enclosed forms. Once these forms are complete, please contact me and we will set up a time to do the parent/guardian interview portion of the mentee screening process.

Thank you once again for your interest in the Juvenile Mentoring Program. Should you have any questions or concerns, please contact me at (765) 362-0694 ext. 12.

Sincerely,

JUMP Program Manager

To be filled out by the parent/ guardian:

Date: _____

Personal Information

Youth's Name: _____ Age: _____

Parent/ Guardian: _____ Relationship to Youth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Gender: (Circle one) Male / Female Ethnicity: _____

School: _____ Grade: _____

Emergency Contact Name: _____ Phone: _____

Please list all members of your household:

Household Members			

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper.

Briefly describe your expectations for the Juvenile Mentoring Program: _____

Mentee Application

Please read this carefully before signing:

The Juvenile Mentoring Program appreciates you and your child's interest in his/her being a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to continue to allow their son/daughter to participate in JUMP.

Please initial the following:

_____ I give my informed consent and permission for my child to participate in the Juvenile Mentoring Program and its related activities.

_____ I agree to have my child follow all mentoring program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.

_____ I hereby acknowledge that my child will be transported by his/her mentor and/or JUMP staff or representatives while participating in the Juvenile Mentoring Program, and that such transportation is voluntary and at his/her own risk.

_____ I release the Juvenile Mentoring Program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including, but not limited to transportation, and hold harmless and JUMP mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ I understand that I have the right to confidentiality of records. I understand that some information such as name and date of birth is entered into a secured electronic data system for the purposes of program review and evaluation by YSB staff and grant funders.

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

Child's Name Date

Parent/Guardian Signature Date

Please return or mail this application to the Juvenile Mentoring Program, Montgomery County Youth Service Bureau, 209 East Pike Street, Crawfordsville, Indiana 47933 or call (765) 362-0694 to set up the parent/guardian interview portion of the screening process.

<p>Office Use Only</p> <p>JUMP Staff Member:</p> <p>Date Received:</p>

(To be completed by the parent/ guardian)

Youth's Name: _____ Date: _____

School: _____ Grade: _____

I hereby grant permission for the Juvenile Mentoring Program to make contact with my child and conduct a personal interview for the purpose of applying to be a mentee. JUMP may also make contact with my child on school premises for the purpose of screening and interviewing as well as ongoing support of his/her participation in the mentoring program.

I authorize the Juvenile Mentoring Program to obtain any needed information regarding my child from his/her school staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

Further, I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my child and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

Parent/Guardian Signature

Date

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact & Medical Information

(The mentor is to keep this with them at all times.)

Youth's Name: _____ Age: _____

Parent/Guardian: _____ Relationship to Youth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: ___/___/___ Gender: (circle one) Male / Female Ethnicity: _____

Emergency Contacts

Name: _____ Relationship to Youth: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship to Youth: _____

Home Phone: _____ Work Phone: _____

Medical Information

Hospital/Clinic Preference: _____

Primary Care Physician: _____ Phone: _____

Insurance Provider: _____ Policy Number: _____

Allergies/ Special Health Considerations: _____

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent / Guardian Signature

Date

I give permission for my child to go on visits with their mentor, which could take place in the mentor's home. I release JUMP staff and volunteer mentors from liability in case of an accident occurring during activities related to JUMP, as long as normal safety procedures have been taken.

Parent / Guardian Signature

Date

JUMP Staff

Date

Authorization for Exchange of Information

Youth's Name: _____ Date of Birth: ____/____/____

Parent/Guardian: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize the staff of the Juvenile Mentoring Program of the Montgomery County Youth Service Bureau to obtain information regarding my child from the agencies checked below. I understand that this information may be shared with my child's mentor as deemed necessary by the JUMP staff.

- Ahead Coalition
- Cummins Behavioral Health
- Family Services, Inc.
- Home Team Advantage
- Wabash Valley Hospital, Inc.
- School: Teacher / Counselor / Principal
- Probation Department
- Other: _____

Parent / Guardian Signature Date

JUMP Staff Date

I, _____, the parent/guardian of
_____, permit them to participate in the Juvenile Mentoring Program. I have read and understand the rules, regulations, and structure of the Juvenile Mentoring Program. I have met with, or talked to a Juvenile Mentoring Program staff person to discuss my child's participation.

I understand that the people who serve as mentors in the Juvenile Mentoring Program are adult volunteers from the community who have been carefully screened by the organization. The meetings between my child and their mentor will take place both at the site of the program, as well as off-site. All contacts between them are scheduled in advance, monitored by a Match Supervisor, and evaluated. Any additional contacts between the mentor and my child must be scheduled in advance, and must be approved by me.

I reserve the right to withdraw my child from the Juvenile Mentoring Program at any time.

Parent/Guardian Signature

Date