



**JUMP**  
Juvenile Mentoring Program

# Mentor Application



- Youth who are in a mentoring relationship for 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
  - More trusting of their parents/ guardians and less likely to lie to them, and more supported and less criticized by peers and friends.
  
- Matches that last longer than *1 year* yield:
  - Increases in self-worth, perceived social acceptance, perceived academic competence, quality of parental relationships, quality of peer relationships, and value of education
  - Decreases in alcohol and drug use
  - Decreases in violence
  
- Matches that last less than *6 months* yield:
  - Increases in alcohol use
  - No significant increases in positive behavior/ attitudes
  
- Matches that last less than *3 months* yield:
  - Increase in alcohol use
  - Increase in depression
  - Decrease in academic performance and self-image

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. The mentoring program uses adult volunteers to commit to supporting, guiding and being a friend to a young person for a period of one year. By becoming part of the social network of adults and community members who care about the youth, the mentor can help youth develop and reach positive academic, career, and personal goals.

**Mentor Role**

- Take the lead in supporting a young person through an ongoing, one-to-one relationship
- Serve as a positive role model and friend
- Build the relationship by planning and participating in activities together
- Strive for mutual respect
- Build self-esteem and motivation
- Help set goals and work toward accomplishing them

**Time Commitment**

- Make a one-year commitment (with exceptions due to health reasons, relocation, etc.)
- Spend a minimum of 4 hours a month with a mentee
- Communicate with the mentee twice a month.
- Attend an initial mentor training session, as well as additional trainings throughout the duration of the mentoring relationship
- Attend optional mentor/mentee group events, mentor support groups and program recognition events

**Participation Requirements**

- Be 21 years of age
- Be interested in working with young people
- Be willing to complete the application and screen process
- Be willing to adhere to all program policies and procedures
- Be dependable and consistent in meeting the time commitments
- Be willing to communicate regularly with program staff, submit activity information and take constructive feedback regarding mentoring activities
- Have access to an automobile, auto insurance and a good driving record
- Have a clean criminal history (the State may allow persons whose criminal records have been expunged or a crime that occurred many years in the past to become a volunteer in this program. The only way to know is to complete the background check)
- Not use illicit drugs
- Not use alcohol or controlled substances in an inappropriate manner
- Not be currently in treatment for substance abuse and have a non-addictive period of at least five years

- Not currently be in treatment for a mental disorder or hospitalized for such in the past three years
- Criminal Background check does NOT show a pattern of criminal activity that shows poor judgement or recklessness

#### **Desirable Qualities**

- Willing Listener
- Encouraging and supportive
- Patient and Flexible
- Tolerant and respectful of individual differences

#### **Benefits**

- Personal fulfillment through contribution to community and individual
- Satisfaction in helping someone mature, progress and achieve goals
- Training sessions and group activities
- Participation in a mentor support group
- Personal and ongoing support, supervision to help the match succeed
- Mentor/mentee group activities, complimentary tickets to community events, participant recognition

#### **Application and Screening Process**

- Written application
- Driving record check
- Criminal history check: state, child abuse and neglect registry, sexual offender registry
- Personal interview
- Provide three personal references
- Attend mentor training session

If you have questions or concerns, or you are interested in becoming a mentor, please contact the Juvenile Mentoring Program at (765) 362-0694 Ext. 103 or e-mail us at [jill@mcysb.org](mailto:jill@mcysb.org). We look forward to hearing from you!

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Please check the best phone number to reach you:

- Home     Cell     Work

Please check the best time to reach you:

- Before 12:00 noon     Between noon and 5:00pm     After 5:00pm     Anytime

I am presently (*check one*):

- Working Full-time                       Working Part-time                       Unemployed  
 Retired                                       Student                                       Self-employed  
 Other: \_\_\_\_\_                       Expected graduation date: \_\_\_\_\_

Have you ever been convicted of a crime? (*circle one*) Yes / No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been investigated or convicted of child abuse, neglect, or sexually abusing a minor? (*circle one*) Yes / No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you object to our agency running a background check? (circle one) Yes / No

*\*We will be conducting a driving record check, criminal history check, and checking the sex and violent offender registry.*

Why do you want to be a mentor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you meet with a child as often as our program requires? (circle one) Yes / No

*\*Our program requires one to two hours per week (8 hours per month), for at least one year.*

What times can you meet with a mentee?

- During Lunch       After School       After 5:00pm  
 Weekends       During Regular Business Hours

How did you learn of the Juvenile Mentoring Program? (please check all that apply) **Be Specific.**

- A Newspaper Ad       A flyer:       An existing JUMP Mentor:  
\_\_\_\_\_  
 An informal meeting       A friend       Other:  
\_\_\_\_\_

**Please read this carefully before signing:**

The Juvenile Mentoring Program appreciates your interest in becoming a mentor to a child. By signing below, you are expressing an interest in becoming a mentor for the Juvenile Mentoring Program, and you understand that there will be additional screening requirements before becoming an active participant.

\_\_\_\_\_  
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. Thank you!*

For Office Use: JUMP Staff \_\_\_\_\_

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

Full Name: \_\_\_\_\_  
                             First  Middle  Last

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

Automobile Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Contact #: \_\_\_\_\_ Job Description: \_\_\_\_\_

Please List any other cities, states, and dates of residency during the past 5 years:

City	State	From (m/yr)	To (m/yr)

I understand it will be necessary for the Juvenile Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize JUMP to obtain any needed information regarding my driving record, legal/ criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in the Juvenile Mentoring Program. I provide permission for JUMP to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about me will be anonymously shared with a prospective mentee and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and the parent(s)/ guardian(s). I understand that this is to ensure and aid in facilitating a successful match.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

By signing below I understand that I assume primary personal and legal responsibility whenever my mentee is riding in an automobile with me. I have conferred with my insurance representative as to the adequacy of my coverage and accept this responsibility, realizing that it may cause me to be held liable in the event of an accident or injury to my mentee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<i>For Office Use Only</i>	
Jump Staff	Date



Please list the names, addresses, and phone numbers of at least three people you would like to use as character references. Please list only people you have known for at least a year. Please do not list family members.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ How long have you known them? \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ How long have you known them? \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ How long have you known them? \_\_\_\_\_

I, \_\_\_\_\_, give the Juvenile Mentoring Program consent to contact the persons named above as part of the screening process to become a mentor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ACTIVITY CHECKLIST

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE READ THROUGH THE FOLLOWING LIST OF ACTIVITIES AND INTERESTS AND PUT AN (X) BESIDE THE ONE YOU ENJOY DOING.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> FOOTBALL       | <input type="checkbox"/> TENNIS             | <input type="checkbox"/> KITE FLYING       |
| <input type="checkbox"/> SOCCER         | <input type="checkbox"/> PING PONG          | <input type="checkbox"/> CRAFT PROJECTS    |
| <input type="checkbox"/> SOFTBALL       | <input type="checkbox"/> POOL               | <input type="checkbox"/> SEWING            |
| <input type="checkbox"/> BASEBALL       | <input type="checkbox"/> PUTT-PUTT          | <input type="checkbox"/> CROSS-STITCH      |
| <input type="checkbox"/> BASKETBALL     | <input type="checkbox"/> GOLF               | <input type="checkbox"/> CERAMICS          |
| <input type="checkbox"/> VOLLEYBALL     | <input type="checkbox"/> BIKE RIDING        | <input type="checkbox"/> MAKING JEWELRY    |
| <input type="checkbox"/> BOWLING        | <input type="checkbox"/> JUMPING ROPE       | <input type="checkbox"/> PAINTING          |
| <input type="checkbox"/> RUNNING        | <input type="checkbox"/> FRISBEE            | <input type="checkbox"/> DRAWING           |
| <input type="checkbox"/> GYMNASTICS     | <input type="checkbox"/> BOARD GAMES        | <input type="checkbox"/> WRITING           |
| <input type="checkbox"/> KICKBALL       | <input type="checkbox"/> GO-CARTING         | <input type="checkbox"/> ART MUSEUM        |
| <input type="checkbox"/> CHEERLEADING   | <input type="checkbox"/> CARDS              | <input type="checkbox"/> CHILDREN'S MUSEUM |
| <input type="checkbox"/> AEROBICS       | <input type="checkbox"/> TAKING PICTURES    | <input type="checkbox"/> ZOO               |
| <input type="checkbox"/> EXERCISING     | <input type="checkbox"/> GARDENING          | <input type="checkbox"/> SIGHTSEEING       |
| <input type="checkbox"/> WALKING        | <input type="checkbox"/> HORSEBACK RIDING   | <input type="checkbox"/> CIRCUS            |
| <input type="checkbox"/> ROLLER SKATING | <input type="checkbox"/> PICNICKING         | <input type="checkbox"/> STATE FAIR        |
| <input type="checkbox"/> GOING TO PARKS | <input type="checkbox"/> BAKING             | <input type="checkbox"/> IMAX THEATER      |
| <input type="checkbox"/> ROLLER BLADING | <input type="checkbox"/> COOKING            | <input type="checkbox"/> SHOPPING          |
| <input type="checkbox"/> HIKING         | <input type="checkbox"/> DANCING            | <input type="checkbox"/> DOING HAIR        |
| <input type="checkbox"/> HOCKEY         | <input type="checkbox"/> SINGING            | <input type="checkbox"/> DOING NAILS       |
| <input type="checkbox"/> SLEDDING       | <input type="checkbox"/> MOVIES             | <input type="checkbox"/> HISTORY           |
| <input type="checkbox"/> ICE SKATING    | <input type="checkbox"/> WATCHING TV        | <input type="checkbox"/> SCIENCE           |
| <input type="checkbox"/> BOATING        | <input type="checkbox"/> LISTENING TO MUSIC | <input type="checkbox"/> COMPUTERS         |
| <input type="checkbox"/> FISHING        | <input type="checkbox"/> PLAYS              | <input type="checkbox"/> READING           |
| <input type="checkbox"/> SWIMMING       | <input type="checkbox"/> BALLET             | <input type="checkbox"/> PET CARE          |
| <input type="checkbox"/> CAMPING        | <input type="checkbox"/> PUZZLES            |  |

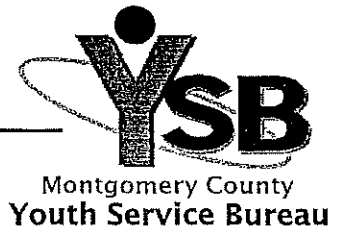
WHAT INTEREST DO YOU HAVE THAT ARE NOT LISTED? \_\_\_\_\_

DO YOU LIKE ANIMALS? \_\_\_\_\_ WHICH ONES? \_\_\_\_\_

WHAT MUSICAL INSTRUMENT DO YOU PLAY, IF ANY? \_\_\_\_\_

WHAT DO YOU ENJOY COLLECTING? \_\_\_\_\_

ARE THERE ANY ACTIVITIES YOU STRONGLY DISLIKE? \_\_\_\_\_



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**CONSENT TO REQUEST  
DRIVING RECORDS REPORT**

I, \_\_\_\_\_, hereby authorize the  
(Please Print)  
Montgomery County Youth Service Bureau to obtain my driving record from the Bureau  
of Motor Vehicles as a condition of my employment or volunteer status with the agency.

\_\_\_\_\_  
Signature of employee/volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Issuing State

\_\_\_\_\_  
Date of Birth