

Introduction Letter

The churches in the Tri County Area have come together and created the Tri County Mentoring Program (TCM) in order to better serve the schools and families in our community. We will be partnering with the Tri County Area Schools to provide mentors to work with students on an interpersonal level, and be positive role models in order to further encourage success within our schools and community.

Our commitment is to provide one mentor for one student, one hour a week, for one school year. For the protection of the students and mentors, all one-on-one sessions will be on school property in an open and visible area. The sessions will take place during school hours, thus eliminating the burden of transportation.

This one hour will be on the same day and time each week to establish consistency, structure, and easy scheduling. The purpose of the hour is *not* academic; however there may be times when a mentor has an opportunity to tutor a student. The mentor has the freedom to take the hour in whatever direction necessary to meet the needs of their student.

Program Contact:

Program Director – Rachel Cooper
mentoring.tricounty@gmail.com

231.250.5959

ADD WEBSITE

www.grace-hc.org

Position Description Mentor

SPECIFIC TASKS :

- Spend one hour once a week at school during school hours with a student chosen for the program and for you.
- Listen to, encourage, and support your student
- Attend TCM parties and events outside of school with student when possible
- Assist with transportation to and from TCM events if possible

QUALIFICATIONS:

- Be a member of or consistently attend a local church.
- Be a positive role model.
- Desire to make a difference in the life of a young person
- Complete a Volunteer Application and authorize a thorough background check.
- Submit the results of the Central Registry Clearance from the DHS office.
- Have 1 Pastoral Reference and 2 Personal References submitted on your behalf.
- Attend a minimum of 3 hours of training.

COMMITMENT:

- Faithfully attend all mentoring sessions for the duration of the school year.

SUGGESTED VERSES AND PRAYER:

Ephesians 1:17-19 ¹⁷ I keep asking that, YOU, God of our Lord Jesus Christ, the glorious Father, may give _____ the Spirit^{ll} of wisdom and revelation, so that _____ may know You better. ¹⁸ I pray that the eyes of _____'s heart may be enlightened in order *that he/she may know the HOPE to which You have called him/her*, the riches of Your glorious inheritance in Your holy people, ¹⁹ and Your incomparably great power for us who believe."

Ephesians 3:14-21 ¹⁴ For this reason I kneel before, YOU, Father, ¹⁵ from whom every family^{al} in heaven and on earth derives its name. ¹⁶ I pray that out of Your glorious riches You may strengthen _____ with power through Your Spirit in his/her inner being, ¹⁷ so that Christ may dwell in _____'s heart through faith. And I pray that _____ being *rooted and established in love*, ¹⁸ may have power, together with all the Lord's holy people, to grasp how wide and long and high and deep is the love of Christ, ¹⁹ and to know this love that surpasses knowledge—that _____ may be filled to the measure of all the fullness of God. ²⁰ Now to You, Lord, who is able to do immeasurably more than all we ask or imagine, according to Your power that is at work within us. ²¹ to You be glory in the church and in Christ Jesus throughout all generations, forever and ever! Amen.



VOLUNTEER APPLICATION

Name: _____
(Last) (First) (Middle)

Phone: _____ Cell Phone: _____ Is Texting Okay? Y/N

Address: _____
(Street) (City) (State) (Zip Code)

E-Mail Address: _____

Please provide previous address information, if you have not lived at your current address for the past 7 years.

(you may use the back if needed)

List all other names by which you have ever been known, including maiden name:

Date of Birth: _____ Driver's License # _____
(month/day/year)

Emergency Contact: _____
(Name) (Ph. #)

Name of Church you attend: _____ Are you a member? Y / N

Length of membership/attendance: _____ months/years

Volunteer Application Checklist:

(Give TCM reference forms to those who will be filling out the forms and they will send completed forms to TCM)

-Have 2 Personal or Professional References submitted on your behalf

-Have 1 Pastoral Reference submitted on your behalf

-Complete 'Request for Central Registry Clearance' form and submit with a copy of your ID to Ionia DHS.

(Check the box that will have the results sent to the address on your picture identification and send form with copy of ID. to: Ionia Co. DHS, 920 E. Lincoln Ave., Ionia, MI 48846. After you receive the results back, submit results to TCM via 9920 Reed Road, Howard City, MI 49329)

Education: Circle the last level completed. ____ Grade High School 2 Yr. Degree 4 Yr. Degree
Masters PhD Other _____

Name of School: _____ City: _____ State: _____

Degree(s) Earned: _____

TCM

A Mentoring Program for the Tri County Area Schools

Work Experience and/or Volunteer History. List most current first:

Name of Employer or Agency: _____ Start Date: _____

Job Title: _____ Ending Date: _____

Description of work: _____

Name of Supervisor: _____ Phone _____

Name of Employer or Agency: _____ Start Date: _____

Job Title: _____ Ending Date: _____

Description of work: _____

Name of Supervisor: _____ Phone _____

List any certifications and/or training pertaining to the position you are applying for:

_____ Expiration Date _____ (Please attach a copy with this application)

Why do you want to work with TCM? _____

Tell us about your relationship with Jesus Christ? (feel free to use the back if needed)

I have read and agree with the Statement of Faith and Mission Statement of TCM. Yes No

As a confessing Christian I will be a faithful witness, a positive role model and exhibit exemplary moral character. I understand my role as a loving adult in a mentoring relationship and commit to seeking the best interests of the student assigned to me. I promise not to bring harm to this student in any way, shape or form. I will also comply with the regulations mandated by the separation of church and state and will not jeopardize the TCM program in the public school arena.

I acknowledge that the above statements are true to the best of my knowledge and give TCM permission to do a background check according to the State of Michigan rules and regulations.

Name _____ Date _____
Applicant

MENTORING PREFERENCE FORM & INTEREST INVENTORY

Your Name: _____

Please indicate the days and times you are available to volunteer one hour, once a week:

Monday	Tuesday	Wednesday	Thursday	Friday
A.M.	A.M.	A.M.	A.M.	A.M.
P.M.	P.M.	P.M.	P.M.	P.M.
Anytime	Anytime	Anytime	Anytime	Anytime

List, if any, scheduling details you need us to know about:

Which age level or grade would you prefer (or check all that apply) _____

- K-2 6-8
- 3-5 9-12
- no preference

What type of child would you feel comfortable with? (check all that apply)

- active, high energy
- academically challenged
- quiet and reserved or shy & withdrawn
- special needs
- challenging and defiant
- hostile/aggressive
- emotional/attention-seeking

Do you have any special skills or experience that you would like us to know about when we are matching students with mentors? (such as foreign language, working with autism, counseling experience, working with children with special needs like ADD/ADHD or learning disabilities, etc...)

Is there anything you really don't want to deal with that we should know about?

Volunteer PASTORAL Reference

Name of Applicant: _____ Date: _____

The person named above is applying for a position as a mentor through TCM, an inter-denominational community-based mentoring program. We thank you for your time and your frank and objective appraisal, as this will help us serve and protect children. We keep all information confidential unless you say otherwise. You do not need to share this reference with the applicant, though you are free to do so.

1. How long has the applicant attended your church? _____ 2. How long have you known this person? _____

3. In what, if any, areas is the applicant actively involved in your church? _____

4. To the best of your knowledge, what is this person's current relationship with God? _____

How solid is the applicant's..... (rate 1 being weak, 3 being strong)	1	2	3
Biblical Knowledge			
Faith			
Doctrinal Foundation			
Spiritual Maturity			

5. What positive traits do you see in this person? _____

6. Would you be comfortable with your own child spending an hour of one on one time with this person? Yes No

If you answer Yes to any of the following questions or have other comments to contribute, please elaborate on the back.

7. Is there any question in your mind about this person's moral integrity? Yes No

8. Do you have any concerns about this person's social or emotional state? Yes No

9. Are you aware of any arrests, inappropriate conduct, or any allegations of inappropriate conduct with any person, including children? Yes No

10. Is there any reason we shouldn't accept him/her as a volunteer working with children? Yes No

Your name: Printed _____ Signed _____

Address _____ City _____ State _____ Zip _____

Name of your Church: _____

Phone: _____ Email: _____

When completed, please return this form as soon as possible to: TCM Program Director, 9920 Reed Road, Howard City, MI 49329
 Questions? Contact the Program Director at mentoring.tricounty@gmail.com or 231.250.5959

PERSONAL REFERENCE #1

Name of Applicant: _____ Date: _____

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1. What is your relationship to the applicant? _____

2. How long have you personally known the applicant? _____

3. To the best of your knowledge, what is this person's current relationship with God?

rate 1 being low, 5 being high	1	2	3	4	5
Ability to work with others					
Dependability					
Emotional Stability					
Leadership					
Personal Integrity					
Spiritual Maturity					
Overall Evaluation					

4. Would you be comfortable with your own child spending an hour of one on one time with this person? Yes No

If you answer Yes to any of the following questions or have other comments to contribute, please elaborate on the back.

5. Is there any question in your mind about this person's moral integrity? Yes No

6. Do you have any concerns about this person's social or emotional state? Yes No

7. Are you aware of any arrests, inappropriate conduct, or any allegations of inappropriate conduct with any person, including children? Yes No

8. Is there any reason we shouldn't accept him/her as a volunteer working with children? Yes No

Your name: Printed _____ Signed _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Cell: _____ Email _____

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 Questions? Contact the Program Director at mentoring.tricounty@gmail.com or 231.250.5959

PERSONAL REFERENCE #2

Name of Applicant: _____ Date: _____

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1. What is your relationship to the applicant? _____

2. How long have you personally known the applicant? _____

3. To the best of your knowledge, what is this person's current relationship with God?

rate 1 being low, 5 being high	1	2	3	4	5
Ability to work with others					
Dependability					
Emotional Stability					
Leadership					
Personal Integrity					
Spiritual Maturity					
Overall Evaluation					

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Your name: Printed _____ Signed _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Cell: _____ Email _____

When completed, please return this form as soon as possible to: TCM Program Director, 9920 Reed Road, Howard City, MI 49329
Questions? Contact the Program Director at mentoring.tricounty@gmail.com or 231.250.5959

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

INSTRUCTIONS:

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of your local county DHS, access www.michigan.gov/dhs->inside DHS.
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

COPY PHOTO ID HERE AND RETAIN A COPY
FOR YOUR RECORDS
OR ATTACH A CLEAR COPY OF YOUR ID
ON A SEPARATE PAGE

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name First Middle Last	AKA (Also Known As) (Maiden Name)	Social Security Number	Signature Required for individual being cleared
Address	Phone Number	Date of Birth	

SECTION 2 REQUESTOR INFORMATION

Please Check Appropriate Box

Child Welfare Agency Employer
 Individual I would like to pick up my results in _____ county Volunteer Agency
 Law-Enforcement/Dept of Corrections Out-of-State Adoption and Foster Home Screening
 Prosecuting Attorney/Court (please provide docket number if available) Other _____

Name of Employer/Volunteer Agency/Individual		Name of CPS/Law-Enforcement or Court	
Name	Address	Title	
	City	State	Zip Code
Phone _____	Fax _____	E-mail _____	Date _____

Employers/volunteer agencies – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-6028. Mail questions to PO Box 30037, 236 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

THIS FORM WILL BE KEPT CONFIDENTIAL



Tri County Area Schools
Academics • Arts • Athletics • Achievement

VOLUNTEER CONSENT FORM

PLEASE USE ONE FORM FOR EACH VOLUNTEER AND PROVIDE ALL STUDENT NAMES,
WHICH BUILDINGS, AND TEACHERS YOU WOULD LIKE TO VOLUNTEER FOR.

(CHECK ONE BOX, PLEASE)

- Tri County Mentoring program*
- PARENT/GUARDIAN GRANDPARENT COMMUNITY MEMBER FRIEND
- COLLEGE/STUDENT ASSISTING COLLEGE/STUDENT TEACHING TC BOARD MEMBER
- TC STUDENT VOLUNTEER OTHER STUDENT VOLUNTEER OTHER _____

Student Name	Building	Teacher
/	/	/
/	/	/
/	/	/
/	/	/

As a prospective volunteer for Tri County Area Schools, I understand that the district may check my criminal history information. By signing this form, I certify that all information provided is true and completed in full.

Name (Mr./Mrs./Ms.) _____
(LAST) (FIRST) (MIDDLE)

Maiden Name/Names Previously Used: _____

Birth date: _____ Gender: _____

- Race: WHITE
 BLACK
 ASIAN OR PACIFIC ISLANDER
 AMERICAN INDIAN OR ALASKAN NATIVE
 UNKNOWN/OTHER

Driver's License #: _____

Volunteer's Signature: _____

Date: _____

94 Cherry Street, Sand Lake, MI 49343
PHONE: 616 636-5454 – FAX: 616 636-5677