



**Division of Youth Services
CIVILIAN STUDENT TRAINING PROGRAM**

POST OFFICE BOX 42 · CAMP JOSEPH T. ROBINSON,
NORTH LITTLE ROCK, AR 72199-9600
501-212-5366 · Fax: 501-212-5369



Dear Mentor Applicant,

These young men have entered a very challenging program. The program does not end with his graduation. We have a procedure to follow up on his progress for one year. Most importantly, we want to match him with a responsible role model (mentor) from his hometown. A mentor is an advocate for the needs of a young person. A mentor is a listener, a guide, a caring and concerned adult who the young man can talk to about problems and plans. The mentor is not intended to be a replacement for his parents/guardians, but to be someone else who will hold him accountable and encourage him to succeed.

Some possible candidates are ministers, teachers, Sunday school teachers, coaches, school counselors, police officers, business owners, members of the National Guard, and so on. The mentor must be a responsible, positive role model. He or she must be **at least 21 years old**, may be a close relative (brother, sister, uncle, aunt, etc.), and not live in the same household. **Please complete all six pages of the attached "Mentor Application Form."** **Please notice that the Child Maltreatment Form must be completed and signed by a Notary Public.** We must receive all original paperwork to process all background checks.

Please ensure the completed form is returned to us as soon as possible. You may mail it to the address in the letterhead, e-mail it to bernice.taylor4.nfg@mail.mil, or fax it to 501-212-5369.

We appreciate your help in this important matter. If you have any questions, please do not hesitate to call me at 501-212-5366 or 1-800-340-4547.

Thank you,

Bernice Taylor
Bernice Taylor
Aftercare Coordinator

MENTORS

1. Must be 21 years old.
2. Can be male or female.
3. Can be family members if they **DO NOT LIVE** in the same house.
4. Must be willing to have an Arkansas State Police Criminal/History Check, and DHS Child Maltreatment completed.
5. Any history recorded on the DHS Child Maltreatment form will automatically disqualify a prospective mentor.
6. Any felony conviction within the last ten (10) years or any violent felony conviction (ex. Robbery) will disqualify a prospective mentor. Exceptions can only be made by the Director of Student Services with approval of the Program Director or Deputy.

Note: In the case of any felony conviction the parent/legal guardian of the mentee will be required to sign a CSTP mentor retention letter acknowledging that they are aware of the mentor's past criminal history.

CSTP pays the cost for the background checks.

Sources for Mentors

1. Schools – Teachers, Counselors, Coaches
2. Local Police and Fire Departments
3. Neighbors
4. Church Members
5. Respected Family Members
6. Court Officials
7. Civic Groups – Lions Clubs, Rotary Clubs, VFW
8. National Guard

NAME OF THE STUDENT YOU WISH TO MENTOR _____

MENTOR APPLICATION FORM

The information on this form is requested to match your skills, aptitudes, and interests with those of a student's. This information will be available to staff who attempt to make a mentor/student match.

If you have any questions regarding the privacy of this information, you may discuss it with the aftercare coordinator at (501) 212-5366 or 1-800-340-4547.

Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ Zip Code _____

Email _____

Name and address of employer

What is the best time of day to reach you by telephone? _____

Are you a member of the National Guard? _____

Please list your community affiliations and interests (Club, Organizations, Military, Church, etc.)

Why are you interested in becoming a mentor?

Please list the names and telephone numbers of three personal references:

In making this application to be a mentor, I understand that I am not an agent of the Civilian Student Training Program, and this form is not an application for employment. Further, the Civilian Student Training Program provides no auto insurance coverage for mentors, and does not agree to indemnify said mentor for any legal liability arising out of transporting any student while in a volunteer assignment. My insurance coverage is in compliance with Arkansas state law.

I understand the Civilian Student Training Program will conduct State Police Background and Child Maltreatment and Abuse checks of volunteers.

I certify, to the best of my ability, that the information provided is true and correct.

Date _____ Signature _____

Please **mail** the completed application to:

Aftercare Coordinator
Civilian Student Training Program
P.O. Box 42, Camp Joseph T. Robinson
North Little Rock, AR 72199-9600

Or e-mail it to:

bernice.taylor4.nfg@mail.mil

Or fax it to:

501-212-5369

DESCRIPTION OF MENTOR POSITION

Summary

The mentor serves as a role model, friend, and advocate to a CSTP graduate for at least 12 months.

Working Relationship

Each mentor reports to the Aftercare Coordinator by phone and/or mail at least once each quarter for one year, communicating any problems or needs in the Mentor/Student relationship.

Responsibilities of the Mentor

Commits to spending at least 12 months in contact with the Student.

Cooperates with the Mentor screening process by returning required paperwork promptly.

Attends CSTP training and visitation to gain knowledge on how to effectively relate to students.

Assists the student with the Post-Residential Aftercare phase of CSTP and monitors his progress.

Makes consistent contact with the Student. There must be at least 1 contact made per week, lasting one hour, for the duration of the 12 month commitment.

Observes all Program policies and guidelines. Discloses possible Student violations of policy with the Aftercare Coordinator.

Develops and maintains a working relationship with Student's parents, guardians, school, and probation officer to aid in the mentor process and the student's success.

Coordinates the Student's access to other community resources, and may schedule informal, fun activities with the Student.

Mentor Signature _____ Date _____



**Division of Youth Services
CIVILIAN STUDENT TRAINING PROGRAM**

POST OFFICE BOX 42 · CAMP JOSEPH T. ROBINSON,
NORTH LITTLE ROCK, AR 72199-9600
501-212-5366 · Fax: 501-212-5369



TO: ALL CSTP MENTORS
FROM: AFTERCARE COORDINATOR
SUBJECT: MENTOR LIABILITY RELEASE

I understand and agree that I will be the one actually spending time with my matched student, and that I must exercise care in supervising my student while we are together. I also understand and agree that I am not a Civilian Student Training Program employee, and CSTP does not retain any power to control how these activities are conducted except to require these activities to be conducted in the State of Arkansas.

I therefore agree that CSTP will not be liable for, and I agree to hold CSTP harmless from any and all liability, cases of action and losses imposed on it in any way relating to or arising out of this mentoring agreement, including, but not limited to liability for personal injuries, whether the liability, cause of action, or loss is caused by my negligence, or CSTP's negligence or otherwise.

I further release CSTP from any and all liability, claims, demands or actions or causes of action whatsoever arising out of any damage, loss or injury I might incur while participating in any of the activities contemplated by this mentoring agreement, whether such damage, loss, or injury is caused by the negligence of CSTP, its officers, agents, employees or otherwise.

Mentor Signature

Date

Please mail the completed application to:

Aftercare Coordinator
Civilian Student Training Program
P.O. Box 42, Camp Joseph T. Robinson
North Little Rock, AR 72199-9600

Or e-mail it to: bernice.taylor4.nfg@mail.mil

Or fax it to: 501-212-5369

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
STATE EMPLOYEE
CRIMINAL RECORD CHECK**

Section I: State Check Completed Online

| DHS CHARGE ACCOUNT | |
|-----------------------|-------|
| Purchase Order Number | _____ |
| AASIS Cost Center | _____ |
| Position Number | _____ |

Instructions:

The applicant/employee completes DHS-1114 Criminal Record Check Form.
The division contact completes the Online State Check.
Submit the original to the Arkansas State Police.
Submit a copy of this DHS-1114 form to DHS Recruitment, Slot W301.

If a FBI Record Check is required, follow DHS Policy 1110 and use forms FBI-1 and FBI-2 which are listed underneath the policy on DHS Share.
This form is not to be used to conduct an FBI Record Check.

Section II:

| | | |
|--|--------------------------------------|-----------------------------|
| Civilian Student Training Program | P.O. Box 42, Camp Robinson | Noth Little Rock/72199-9600 |
| Division/Office/Facility submitting form | Address | City/Zip |
| Bernice Taylor | 501-212-5366 | |
| Name of contact person | Telephone number (include area code) | |

Section III: Person to be checked:

Enter Name and DOB as it currently appears on the AR Driver's License or Identification

| Last Name | | First Name | | Middle Name |
|--------------------------------------|-------|------------|-------------------------------------|--------------------------|
| _____ | _____ | _____ | _____ | _____ |
| Maiden Name | | Aliases | | Date of Birth (mm/dd/yy) |
| _____ | | _____ | | _____ |
| Person's address (street, city, zip) | | | Current or last place of employment | |
| _____ | _____ | _____ | _____ | _____ |
| Social Security Number | Race | Sex (M/F) | Driver's License Number | State of Issuance |

Have you lived continuously in the State of Arkansas for the past five years? Yes No

Note: The name, address and date of birth listed above must appear on a valid identification document issued by a government entity.
Please list the identification document used if not the person's driver's license: _____

The person listed above must list all past felony or misdemeanor charge(s) for which he/she was found guilty of or pled nolo contendere to:

| Date of Charge | Location | Description of Charge | Sentence/Disposition |
|----------------|----------|-----------------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Section IV: Notice: Your current or potential employer may receive copies of the criminal record report or determination of employment eligibility. Prior to completion of a criminal records check, the employer may choose to deny an employee unsupervised access to a person to whom the employer provides care. Any challenges to the accuracy of the report should be directed first to the State Identification Bureau (501) 618-8500, #1 State Police Plaza Drive, Little Rock, Arkansas 72209.

I, the undersigned, hereby give my consent for the Arkansas State Police to conduct the required criminal records check on myself and release any results to the Department of Human Services, Division of Youth Services, P.O. Box 1437 Slot # S501 Little Rock, AR 72203-1437.
I also authorize the Arkansas State Police to give the above mentioned party access to my records through the Criminal Background Check System on an annual basis.
I further authorize a national records check through the Federal Bureau of Investigation.

Providing false information on this form is a violation of Arkansas law and punishable as set forth in Arkansas Code 5-53-103.

Statement of Oath:

I state an oath that the representations made herein are true and correct.

Signature of Applicant/Employee

Date

FOR ARKANSAS STATE POLICE USE ONLY

_____ 80001 Civil Records Check @ \$22.00* (\$25.00 Mail-In) _____ 80003 FBI Records Checks @ \$16.50



Arkansas Department of Human Services
Division of Children and Family Services
REQUEST FOR CHILD MALTREATMENT CENTRAL REGISTRY CHECK

THIS FORM WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS COMPLETED.

TYPE OF APPLICANT:

DHS Employee/Applicant (Division: of Youth Services) Foster Parent Legal Custodian Adoptive Parent Provisional Foster Parent

Foster Family Support System (FFSS) for: _____
Name of Foster Family whom FFSS will support

Other (This request will be processed for a fee of \$10 made payable by check or money order to DHS. We do not accept cash. This fee may be waived for non-profits who provide proof of 501(c)(3) status. Allow 7-10 business days for processing.)

This information should be addressed to:

Bernice Taylor/Aftercare Coordinator Civilian Student Training Program
 Name/Title (print) Organization Requesting the Report

Post Office Box 42-Camp Joseph T. Robinson
North Little Rock, AR 72199-9200 501-212-5366 501-212-5369
 Address (physical) Telephone # Fax #

Address (provide mailing, if different than physical)

| |
|--|
| Name of Applicant: _____ |
| Maiden Name/Other Names Used: _____ |
| Race: _____ Sex: _____ Age/DOB: _____ / _____ SSN: _____ |

Present Address: (since _____, _____) _____

Previous Addresses (from the last six years):

1) _____ 2) _____
 From _____ to _____ From _____ to _____

3) _____ 4) _____
 From _____ to _____ From _____ to _____

Cities and States of Employment (outside of Arkansas) for last six years:

1) _____ 2) _____
 From _____ to _____ From _____ to _____

3) _____

4) _____

From _____ to _____

From _____ to _____

Children (related or non-related) now residing or who have resided in the home at any time and all biological children, even if they have not resided in the home:

Full Name: _____

Full Name: _____

DOB/Age: _____ / _____

DOB/Age: _____ / _____

Relationship: _____

Relationship: _____

SS# (if known): _____

SS# (if known): _____

Full Name: _____

Full Name: _____

DOB/Age: _____ / _____

DOB/Age: _____ / _____

Relationship: _____

Relationship: _____

SS# (if known): _____

SS# (if known): _____

THE FOLLOWING IS TO BE COMPLETED ONLY WITH A NOTARY

I, _____ verify that the information above is true and complete. I authorize the Arkansas Child Maltreatment Central Registry to release any information their files may contain concerning me as an offender of a true report of child maltreatment.

Signature of Applicant

Date

County of _____ State of Arkansas

Acknowledged before me, this _____ day of _____

Notary Public

My commission expires: _____

THE FOLLOWING IS TO BE COMPLETED BY CENTRAL REGISTRY

The Arkansas Child Maltreatment Central Registry contains no record under the referenced name in a true report of child maltreatment.

Examiner's Initials and Date _____

Please note that whenever there is a determination of child maltreatment, the person identified as the offender has the right to a hearing to contest that determination. The person's name may not be placed in the Central Registry until after the hearing decision. Therefore, the absence of a true report in the Child Maltreatment Central Registry does not imply that the person is or is not the subject of a completed child maltreatment investigation. Please check the Central Registry periodically as names can be added to the Central Registry based on new maltreatment reports and upon final administrative determination.

Information Found

Examiner's Signature and Date _____

Child Maltreatment Central Registry
Slot S 566
P O Box 1437
Little Rock AR 72203