



**CIVILIAN STUDENT TRAINING PROGRAM**  
**PO Box 42, Camp Robinson**  
**North Little Rock, Arkansas 72115**  
**(501) 212-5365 Fax (501) 212-5369**



Dear Parent/Guardian:

Your son is about to enter 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. The mentor serves as a “big brother” or friend to him for a period of one year. The mentor is someone he can talk to about problems and plans. The mentor is not intended to be a replacement for you, his parents/guardians, but to be someone else who will hold him accountable and encourage him to succeed.

We need your help in finding a suitable mentor for your son. 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 ask the individual you feel would be a good mentor to complete all six pages of the attached "Mentor Application Form".** (Please point out to the mentor that the last 2 pages must be notarized.) We must receive all original paperwork to process all background checks.

Please insure the completed form is returned to us as soon as possible. You may also bring it when you bring your son to in-processing. We appreciate your help in this important matter. If you have any questions, please do not hesitate to call me at 501-212-5752 if local, or 1-800-340-4547 if outside Pulaski County.

Thank you,

Kathy R. Zmudzinski  
Community Outreach Coordinator

NAME OF THE STUDENT YOU WISH TO BE MATCHED WITH \_\_\_\_\_

## 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 outreach coordinator at (501) 212-5752 or 1-800-340-4547.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Name and address of employer

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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 (Club, Organizations, National Guard Unit, Church, etc.)

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Why are you interested in becoming a mentor?

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

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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.

OTHER INFORMATION needed to insure a good mentor/mentee match:

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

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

Date \_\_\_\_\_ Signature \_\_\_\_\_

**NOTE: TO BE A MENTOR, YOU MUST BE OF GOOD MORAL CHARACTER, OVER 21 YEARS OF AGE AND NOT LIVE IN THE SAME HOUSEHOLD AS THE STUDENT**

PLEASE RETURN THE COMPLETED FORM TO:

**COMMUNITY OUTREACH COORDINATOR  
CIVILIAN STUDENT TRAINING PROGRAM  
P.O. BOX 42, CAMP ROBINSON  
NORTH LITTLE ROCK, AR 72199-9600**

## 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 Outreach Coordinator by phone and/or mail at least once each quarter, 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 Outreach Coordinator.

Develop and maintain 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 \_\_\_\_\_



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TO: ALL CSTP MENTORS

FROM: COMMUNITY OUTREACH 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.

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Mentor Signature

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Date

PLEASE RETURN TO THE ABOVE ADDRESS.

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**  
**Contained Within the Arkansas Child Maltreatment Central Registry**

I hereby request that the Arkansas Child Maltreatment Central Registry release any information their files may contain indicating the undersigned applicant as an alleged perpetrator of suspected child maltreatment. This information should be addressed to:

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

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

\_\_\_\_\_  
Applicant's Name (print or type)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Maiden Name/Aliases

\_\_\_\_\_  
Full Name/DOB children

\_\_\_\_\_  
Race                  Age                  DOB

\_\_\_\_\_  
Full Name/DOB children

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Full Name/DOB children

\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Full Name/DOB children                  State                  ZIP

\_\_\_\_\_  
Past Address

Date: \_\_\_\_\_  
(Month/Day/Year)

\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

**COUNTY OF \_\_\_\_\_**

**STATE OF ARKANSAS**

**Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.**

**My commission expires: \_\_\_\_\_**



ARKANSAS STATE POLICE

ASP-122  
(Rev. 11/05)

Identification Bureau

Individual Record Check Form

Full Name: \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last Name Maiden/Other

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Month/Day/Year)

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State ZIP

Daytime Phone #: ( ) \_\_\_\_\_

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: Civilian Student Training Program (Phone) (501) 212-5752  
(First/MI/Last Name) or Full Name of Agency

Mailing Address: P.O. Box 42 Camp Robinson NLR AR 72199-9600  
Street City State ZIP

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(First/MI/Last Name) (Month/Day/Year)

**(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)**

STATE OF \_\_\_\_\_

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COUNTY OF \_\_\_\_\_

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

82001 Civil Record Check  80001/80003 FBI Record Check  82002 Volunteer

## **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**

**Mentor applications are available at CHECK-IN desk or Student Services Office.**