



CIVILIAN STUDENT TRAINING PROGRAM

PO Box 42, Camp Robinson
North Little Rock, Arkansas 72199
(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 **last 2 pages must be notarized**. 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

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:

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

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 _____



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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

**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:

**Aftercare 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

Past Address

State _____ Zip _____

From _____ To _____

Date: _____
(Month / Day / Year)

From _____ To _____

From _____ To _____

Applicant's Signature

COUNTY OF _____
STATE OF ARKANSAS

Acknowledged before me this _____ day of _____ 20__.

My commission expires: _____

Signature of Notary Public _____



ARKANSAS STATE POLICE
Identification Bureau
Individual Record Check Form

ASP-122
(Rev. 11/05)

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: 501-212-5366

Mailing Address: P.O. Box 42, Camp Robinson, North Little Rock, AR 72199-9600

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

(No Request Will Be Processed Without a Notarized Signature)

STATE OF

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