



BEST!
201 W. H Avenue
Cache, OK 73527
Phone: (580) 585-3748
Email: BestMentor18@gmail.com

Name: Last First Middle

Date of Birth Social Security

Home Address City State Zip

How long at present address? years months Email Address

Home Phone Work Phone Cell Phone

Which number do you prefer to be called at? Home Work Cell

Marital Status: Single Married Divorced Widowed

Place of Employment: How Long? Occupation:

Work Address: City State Zip

If employed here less than three years, please list previous employers
(Attach additional sheets if necessary)

Name of Employer How long?
Street Address City State Zip

Name of Employer How long?
Street Address City State Zip

Highest level of Education completed: Less than High School High School or GED
Vo Tech or College (less than 4 yrs) 4 yr college degree or equivalent Advanced degree

How did you hear about BEST!?

Do you have foreign language skills? Yes No If yes, what language?

When are you available to mentor? Day(s) Time(s)

Administrative Use Only
Date Received Date Matched
Date Background Check Cleared School
Date Training Completed
Added to email list Added to mailing list

Please list three personal references (two must be non-family) who have known you for at least two years. **Please be sure to include all information requested.**

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Relationship to you _____ How long have you known? _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Relationship to you _____ How long have you known? _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Relationship to you _____ How long have you known? _____

Your addresses over the last three years, prior to your current address: If same, check here.

Street _____ Apt# _____ City _____ State _____

Street _____ Apt# _____ City _____ State _____

(attach additional sheets if necessary)

Have you ever been convicted of, plead guilty or nolo contendere (neither admitting nor denying the charge) to, or received a suspended imposition of sentence, been placed on probation, or otherwise found guilty of:

Any criminal or municipal ordinance violation: Yes No DUI/DWI: Yes No

Have there ever been allegations, complaints, or reports regarding your involvement in child abuse or neglect or sex offense? (regardless of whether the incident was confirmed or denied)

Yes No

If yes to any of the above, please provide date, description and explanation of each incident on additional paper.

You have my permission to contact the references listed above. I understand that any omissions or misstatements made by me on this application form may be cause for my application to be declined or volunteer status to be terminated. I consent to BEST! to verify any information I have provided. I declare that all statements I have made on this application are true, correct, and complete to the best of my knowledge. I understand that BEST!, at their sole and complete discretion, may accept or decline this application without providing me any reasons for the decision.

Signature

Date

Please respond to the following:

- A) You have rearranged your schedule two weeks in a row to be able to meet with your mentee and then find out he/she is absent when you have arrived at the school. How do you feel? How would you respond?
- B) How would you respond in a situation where your mentee asks you for money to purchase something?
- C) You are meeting with your mentee at the end of the school day on a rainy, cold day. Your mentee has to walk home at the end of the day. He/she tells you they really don't feel well, starts coughing and asks if you would give them a ride home when school lets out. How do you respond?
- D) Your mentee has shared with you in the past that he/she really feels comfortable talking to you and knowing that what you talk about stays just between the two of you. A few weeks later, your mentee shares with you that he/she has not been getting along well with mom and a few disagreements have led to physical fights between them. He/she has some bruises on the arms and shoulders, but says he/she told everyone that they were from wrestling with siblings. How do you respond?

Mentor Confidentially Agreement
BEST! Mentoring Program

The Family Educational Rights and Privacy Act or 1974 (FERPA) protects the privacy rights of the student. All student records are confidential. It is the responsibility of each and every person, professional and non-professional, who obtains information from a student receiving services from/through the BEST! mentoring program to maintain complete and total confidentiality of any and all information collected, filed, or stored. This includes discussion of information about a student in front of or with other persons. Requests for information about a student are to be referred to the responsible counselor, principal, or program coordinator.

Privilege to release information belongs to the school and cannot be waived by anyone else.

I have read, do understand, and agree to the above policy.

Signature

Date



Mentor Commitment Pledge

My signature below indicates my agreement to the following:

- I understand that all meetings and/or activities with my mentee must take place on the school campus in a public area or at a BEST! program sponsored activity.
- I will consistently meet with my mentee one hour per week because it is one of the most important things I can do as a mentor.
- I understand that off-campus, one-on-one personal contact between my mentee and myself is strictly prohibited.
- I will make a one-year commitment to being matched with my mentee.
- I will meet with my mentee in an open area in full view of school officials or other adults.
- I will not manufacture, possess, distribute, or use any illegal substance.
- I will not display demeaning, suggestive, or pornographic material.
- I will not engage in demeaning or exploitive behavior of either a sexual or nonsexual nature, including threats of such behavior.
- I will check in and check out at the school office each time I visit the school, signing the BEST! Program log book.
- I will attend required mentor trainee and BEST! Program activities in support of my mentee.
- I realize transporting my mentee in my personal automobile is strictly prohibited.
- I will limit physical contact with my mentee to holding a hand (if age appropriate), giving a soft pat on the back, or sharing of a hug initiated by mentee in full view of other adults.
- I realize all information I am told about my mentee is confidential and sharing that information with others may be a violation of the law.
- If my mentee confides that he or she is a victim of sexual, emotional, or physical abuse, I realize I must notify the student's principal or counselor immediately. I will make a note of when the information was reported and to whom.
- If my mentee tells me of their involvement in any illegal activity, I will tell the principal or counselor immediately and again, make a note of when this information was reported and to whom.
- I will maintain regular contact with the BEST! Program staff by responding to phone calls, texts, emails, and letters.
- If a problem arises in my match relationship, I will notify the BEST! Program staff immediately.
- I agree to participate in the end of year program evaluation.
- I will contact in advance the school office and/or the BEST! Program Coordinator if I am unable to meet with my mentee.
- I realize these procedures and policies are designed to protect the students from harm and to prevent even the appearance of impropriety on the part of the BEST! Program and its individual mentors. One accusation could seriously damage the reputation of all those participating and endanger our entire program.
- I understand that failure to adhere to these policies and procedures may result in my removal from participation in the BEST! Program.

Name

Signature

Date

**Mentor Release Statement
BEST! Mentoring Program**

I, _____ hereby state that if accepted as a mentor, I agree to abide by the rules and regulations of the BEST! Mentoring Program. I understand that the program involves spending a minimum of one hour per week, face to face for the BEST! Program. Further, I understand that I will attend a training session, attend special events for mentees/mentors, keep in regular contact with my mentee, and communicate with staff regularly during this period. I am willing to commit to one year in the program and then be asked to renew for another year.

I have not been convicted, within the past 10 years, of any felony or misdemeanor classified as an offense against a person or family, or public indecency, or a violation involving a state or federally controlled substance. I am not under current indictment.

Further, I hereby fully release, discharge, and hold harmless BEST! Mentoring Program, participating organizations, and all of the foregoing employees, officers, directors, and coordinators from any and all liability, claims, causes of action, costs and expenses that may be or may at any time hereafter become attributable to my participation in the BEST! Program.

I understand that the BEST! program staff reserves the right to terminate a mentor from the program. The program takes place within the confines of the program's policies and does not encourage or approve of relationships established between mentor/mentee and family members beyond the organized and supervised activities of the program. I give permission for program staff to conduct a criminal background check as part of the screening for entrance into the program. This includes verification of personal and employment references as well as a criminal check with the local authorities. Program staff has final right of acceptance of applicant into the program and reserves the right to terminate a mentor from the program at any time. I have read the above Release Statement and agree to the contents. I certify that all statements in this application are true and accurate.

Signature of Applicant

Date

To be completed by the mentoring organization:

Volunteer ID: _____

Type of official government ID examined (append copy): _____

**VOLUNTEER APPLICATION FOR PROSPECTIVE MENTORS
PUSUANT TO THE PROTECT ACT**

Name and address of organization: BEST! Mentoring
201 W. H Avenue
Cache, OK 73527

Name: _____
First Middle Maiden Last

Other names by which known: _____

Date of Birth: _____

Address: _____
Street Apt.

City State Zip Code

Please check the appropriate box and, if necessary, fill in the requested information:

I have a criminal record, and the following are the particulars (offense, date, location/jurisdiction, circumstance and outcome) of such record:

I do not have a criminal record.

By signing this form, I acknowledge that I have been provided with a copy of this volunteer form and notice. My signature constitutes an acknowledgment that a Federal Bureau of Investigations criminal history background check will be conducted. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief. I swear or affirm that the fingerprints submitted in support of this application are mine. I understand that MENTOR is not liable for the mentoring organization's screening decision, nor for the fitness determination made by the screening agency.

Date: _____ Signature: _____