

Youth Encouragement Services

(615)315-5333

Email:

mentor@youthencouragement.org

www.YouthEncouragement.org



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The mission of Youth Encouragement Services is to enrich the lives of at-risk youth by encouraging them to reach their full potential.

***NETWORK OF ENGAGEMENT
FOR TOMORROW (NET)***

**MENTOR APPLICATION
2019-2020**

Thank you for considering the Y.E.S. Mentors program. This application and interview will help us best match mentors with mentees. Please complete the application below and return to mentor@youthencouragement.org. We will contact you to set up an interview to get to know you better and answer any questions you may have about the program.

NAME: _____ DATE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ CELL PHONE: _____

EMAIL: _____

PLACE OF EMPLOYMENT: _____

Do you work: Full Time Part Time Retired

Time-off policy for volunteer work: Yes No

Matching gifts program: Yes No

ARE YOU A STUDENT? Yes No If so, where? _____

EMERGENCY CONTACT: _____ PHONE: _____

Youth Encouragement Services abides by the principles of equal opportunity. We collect the following information for demographic purposes only. This section of information is strictly optional.

DATE OF BIRTH: _____ AGE: _____ SEX: Male Female

EDUCATION: High School or Equivalent College Graduate School Doctorate Other _____

DEGREE OBTAINED: _____

What are the factors that motivated your interest in joining Y.E.S. Mentors Program?

Do you have any hobbies or special interests?

Have you been involved with an organization that serves children? If yes, in what capacity?

Have you been involved with any other volunteer or professional organizations?

What is the first toy you would buy if you walked into a toy store?

What do you expect from your volunteer mentor experience?

How did you find out about Y.E.S. Mentors?

Are you interested in learning more about any other YES NET Programs:

Career Connection
 Ready Book Buddy

Speaker Series

Do you have a specific age group you would prefer to work with? Please rank from 1-3 with 1 being your top choice.

- Elementary (K-4)
- Middle (5-8)
- High school (9-12)
- No preference

Availability:

Y.E.S is asking that our volunteer mentors dedicate at least one hour per month for the duration of the 2019-2020 school year (October-May). This will allow you to build meaningful relationships with your student.

Mentoring will take place between 4pm-6pm at YES Centers during week.

Please indicate which days you are available:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Are you able to commit to serving at least one hour per month from October through May?

- Yes No

ARE YOU A MEMBER OF A RELIGIOUS CONGREGATION? Yes No

If so, where do you attend? _____

Would your church be interested in hearing about Y.E.S. Mentors? _____

Are you involved with any groups, classes, clubs that may be interested in learning more about Y.E.S.? _____

Is your volunteer interest for community service credit or court ordered? YES NO
If yes, Please explain: _____

VOLUNTEER BACKGROUND CHECK

If you are interested in volunteering specifically with any of our programs where you will interact directly with children, please understand that a background check is required by Tennessee state law. In addition to ensuring safe relationships for our children, we are required to collect this information by funding sources.

PLEASE LIST ONE PERSONAL REFERENCE AND ONE PROFESSIONAL REFERENCE:

1. Name: _____ Relationship: _____

Full Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Full Address: _____ Phone: _____

In connection with my volunteer application with Youth Encouragement Services, I understand a background check will be conducted. The information verified might include but may not be limited to character, work habits, performances, and expertise. I agree to provide the YES Director with the names and telephone numbers of two references. I understand that until these references are returned, I may not be allowed to provide direct service volunteer work.

I also understand that if I will be transporting clients or working directly with children, Youth Encouragement Services may request information from federal, state, and other agencies which maintain records concerning traffic offenses, accidents, or criminal history. I authorize, without reservation, any party or agency contacted by a representative of Youth Encouragement Services to furnish the above mentioned information. I understand that if I use my personal automobile for volunteer work with Youth Encouragement Services and should an accident occur, my personal auto car insurance will be liable.

Signature: _____ Date: _____

Printed Name: _____

Youth Encouragement Services is required by the Tennessee Child Abuse Law (TCA 71-3-529) to inquire if you have ever been convicted of a felony (including a suspended sentence).

Have you ever been involved in violations of the law which are classified as felonies, including any conviction involving a sentence or suspended sentence, and including any sexual offenses not expunged by law? <input type="checkbox"/> Yes <input type="checkbox"/> No

Falsification of required information may subject the person to criminal prosecution. It shall be unlawful for any person to falsify any information required on the application. Knowingly failing to disclose required information shall be deemed to be falsification to the same extent as providing false information.

I attest that the above information is true and correct.

Signature: _____ Date: _____

VOLUNTEER CONFIDENTIALITY STATEMENT & WAIVER

I, _____ am volunteering my time to work with Youth Encouragement Services. I understand that in the course of my work with Youth Encouragement Services, I may learn certain information about individuals served by Youth Encouragement Services that is of a highly personal and confidential nature. Examples of such information may include, but are not limited to, medical condition and treatment, history of physical, sexual, and emotional abuse, and / or neglect, finances, living arrangements, or relations with family members. I understand all such information must be treated as completely confidential.

I agree not to disclose any information of a personal and confidential nature to any persons not directly employed by the agency. I understand that a client's name(s) must never be disclosed either in or out of the agency.

I agree to fully uphold a professional code of ethics which protects information related to clients as privileged and confidential. I understand that any breach of confidentiality may result in disciplinary actions, which could include termination of volunteering with Youth Encouragement Services.

I understand that I am volunteering for activities through Youth Encouragement Services. I understand that as a volunteer I may be involved in activities that have a potential risk of injury. I assume this risk, I agree that I will perform activities that I am comfortable doing and follow all instructions.

I hereby release and discharge Youth Encouragement Services, its community service partners, officers, directors, employees, agents, and volunteers from any claim, demand or cause of action that may be asserted by or on behalf of me as a result of my volunteering for activities through Youth Encouragement Services.

I agree to be responsible for my behavior and to indemnify and hold harmless Youth Encouragement Services, its community services partners, officers, directors, employees, agents, and volunteers from any damages or liabilities arising out of my activities as a volunteer through Youth Encouragement Services.

I grant Youth Encouragement Services the irrevocable right to use photographs or video or audio recordings of me made while volunteering in any medium, without pay.

Name (please print):

Signed:

Date:
