

# HENRY COUNTY MENTORING PROGRAM

## Mentor Contract

Name: \_\_\_\_\_

Date: \_\_\_\_\_

By choosing to participate in the Henry County Mentoring Program, I agree to:

- Follow all rules and guidelines as outlined by the program coordinator, mentor training, program policies, and this contract
- Be flexible and provide the necessary support and advice to help my mentee succeed
- Make a one year commitment to being matched with my mentee
- Understand the goal of meeting at least four hours per month with my mentee
- Goal is weekly, or twice a month, contact with my mentee
- Be on time for scheduled meetings or call my mentee at least 24 hours beforehand if I am unable to make a meeting
- Regularly and openly communicate with the program coordinator as requested
- Inform the mentoring coordinator of any difficulties or areas of concern that may arise in the relationship
- Keep any information that my mentee tells me confidential except as may cause him or others harm
- Always obey traffic laws when in the presence of my mentee
- Never be in the presence of my mentee when I have or am consuming alcohol, tobacco, or controlled substances
- Participate in a closure process when that time comes
- Notify the mentoring coordinator if I have any changes in address, phone number, or employment status
- Attend in-service mentor training sessions twice per year

\_\_\_\_\_ (please initial) I understand that upon match closure, future contact with my mentee is beyond the scope of the Henry County Mentoring Program and may happen only by the mutual consensus of the mentor, the mentee, and parent/guardian.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Henry County Mentoring Staff Signature)

\_\_\_\_\_  
(Date)

IOWA STATE UNIVERSITY  
University Extension

Henry County Mentoring Program  
127 N Main Street ❖ Mt. Pleasant, IA 52641 ❖ 319.385.8126



## Mentor Application

### Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Ethnicity: White \_\_\_\_\_ Hispanic \_\_\_\_\_ African American \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_

Educational Background (please mark the highest completed):

Some High School	Some College	College Graduate
High School Graduate	Technical School	Graduate/Professional School
Other (please specify) _____		

### Volunteer Information

Why do you want to become a mentor?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you feel are the strengths you can bring to the program? (ex: bilingual, relevant volunteer/career experience, sense of humor, calm, good listener, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Questions Continued**

Yes  No Have you ever been convicted of a felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?

Yes  No Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in question #3?

If the answer is *YES* to questions 3 or 4, please explain below:

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Please list 3 references (include one personal friend and one work friend):

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Please initial the two statements below:

\_\_\_\_\_ I understand that the Mentor Program time commitment goal is to spend a minimum of one hour every week or 4 hours per month for the year with an assigned mentee/youth.

\_\_\_\_\_ I understand that I am committing to complete the Mentor Program Orientation Training, as well as, at least two additional Advanced Training sessions during the year (1-1/2 hours each).

In completing this application to be a volunteer, I understand that the Henry County Mentoring Program routinely performs criminal and driving record checks of all volunteers for the Mentor position of which I am applying. This check may be completed if I sign below. If I fail to sign, it may be grounds for rejecting me as a Mentor.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent Mentor application forms, is grounds for dismissal from the program.

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

**Match Information**

Please indicate your preference for the general age of the student you would mentor (all that apply):

Elementary  Middle School/Jr. High  High School

What is the best time for you to mentor (please check all that apply)?

School Hours  After School  Weekends

What type of child would you be the most comfortable working with?

Reserved, Quiet  Outgoing  Very Active  No Preference

**Interest and Activities Survey**

Check the activities you enjoy. Leave blank things you have no interest in doing.

- Sports**
- Auto Racing
  - Baseball
  - Basketball
  - Bowling
  - Cheering
  - Football
  - Frisbee
  - Golf (regular/miniature)
  - Martial Arts
  - Roller Skating
  - Skiing
  - Soccer
  - Swimming
  - Tennis
  - Volleyball
  - Weight Lifting
  - Wrestling

- Artisan Crafts**
- Bead Work/Jewelry Making
  - Carving/Wood Working
  - Crocheting/Knitting
  - Drawing/Painting
  - Model Cars
  - Photography
  - Quilting
  - Scrapbooking
  - Sewing

- Recreation & Entertainment**
- Acting/Drama/Theater
  - Animals
  - Astronomy
  - Biking
  - Board Games
  - Canoeing
  - Cards
  - Computers
  - Concerts
  - Cooking
  - Dancing
  - Fishing
  - Four Wheeling
  - Gardening
  - Hiking—Nature
  - Horseback Riding
  - Motorcycling
  - Movies
  - Museums
  - Picnicking
  - Reading
  - Rodeo
  - Shopping
  - Singing
  - Snowmobile
  - Sledding
  - Video Games
  - Working on Cars

**Collections**

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**Do You Play a Musical Instrument?**

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**Do You Speak a Foreign Language**

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**Choose the Top 4 of the choices you made and list them below:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_