



IMPACT Youth Mentorship

Mentor Application

Niobrara County

Mentor Application

Date: _____

How did you hear about the IMP ACT Youth Mentorship Program? _____

Personal Information

First Name: _____ Last Name: _____

D.O.B.: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different):

City: _____ State: _____ Zip: _____

Email Address: _____

Home phone: _____ Cell Phone: _____

Work phone: _____ Can we contact you at work Yes: ___ No ___

Communication Preference: ___ Email ___ Phone Call ___ Text ___ Mailing

Gender: Male Female

Ethnicity: African African American Asian American Caucasian Hispanic Multi-racial
Native American Other _____

Driver's License Number: _____ State: _____

Occupation: _____ Employer: _____

Religion: _____

Marital Status: Married Single Divorced Separated Long-Term Relationship Widow(er)

Spouse's/Partner's Name: _____ Age: _____

Spouse's Occupation: _____

Number of years in relationship: _____

Education

High School/Location: _____ Graduate? _____

College/ Location: _____ Years: _____ Degree? _____

Major Field of Study: _____

Pre-application Questions

Do you sincerely feel that you can meet the minimum requirement of meeting with your mentee once a week?

Do you feel that you will be able to remain in the program for at least one (Calendar or academic) year?

Would you be willing to participate in ongoing trainings provided by Y.E.S House?

Have you ever volunteered before? If yes please describe your past volunteer experiences:

Do you object to the agency checking with appropriate public authorities (for example: police, courts, Department of Motor Vehicle, Child Abuse and Registry etc.) For matters of public record regarding your background? Yes: _____ No: _____

Has your driver's license ever been suspended or released? Yes: _____ No: _____

Have you ever been arrested? Yes: _____ No: _____

If yes please give a brief description of the arrest:

Are you now using illegal drugs? Yes: _____ No: _____

Have you ever used illegal drugs? Yes: _____ No: _____

If yes please give a brief description of your usage and time frame:

Do you use Tobacco? Yes: _____ No: _____ Are you willing to not use tobacco while you are with your mentee? Yes: _____ No: _____

Have you ever been treated for mental health issues? Yes: _____ No: _____

If yes please give a brief description of your concerns?

Have you ever been investigated for adult or child abuse, neglect or endangerment? Yes: _____ No: _____

Do you have any physical or emotional conditions which may limit your ability to serve as a mentor?

Yes: _____ No: _____

If yes please explain:

What behaviors or characteristics in a child would make you uncomfortable in a matched situation?

Please give information for your references (preferably people you have known for more than 1 year and who are not related to you):

Personal # 1 _____ Phone number _____ Email _____

Personal #2 _____ Phone number _____ Email _____

Professional #1 _____ Phone number _____ Email _____

Professional #2 _____ Phone number _____ Email _____

The mentorship department hosts an activity engagement once a month for mentors, mentees, and families to attend. What do you think would be a fun and enjoyable group event?

I agree to allow the YES House Impact Mentorship to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials:

Yes: _____ No: _____ Initial _____

The undersigned acknowledges and agrees that

1. The applicant is not obligated, if called upon, to perform the volunteer services herein applied for and that the agency is not obligated to assign, or actively seek or assigned, the applicant youth to mentor.
2. As part of the agency's matching process, additional personal information will be elicited from the applicant by professional agency personnel. Through interview and references.
3. If matched, the applicant will maintain regular, weekly contact with the matched youth of at least once per week for a minimum of one year (calendar or academic).

Signature: _____ Date: _____

Please return application to:

YES House- (IMPACT Youth Mentorship Program) – 905 N Gurley Ave, Gillette, WY 82716

Email: shelwig@yeshouse.org

Office: 307-686-0669 ext 1610 Cell Phone: 307-299-7923 Fax: 307-686-2121 attn: Stacy Helwig

Please only check issues you would be willing to address with your mentee.

- | | |
|---|---|
| <input type="checkbox"/> Physical/mental/sexual abuse | <input type="checkbox"/> Emotional problems |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Drug/Alcohol Abuse |
| <input type="checkbox"/> Family Conflicts | <input type="checkbox"/> Sexually active |
| <input type="checkbox"/> Low income home | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Gang/criminal activity | <input type="checkbox"/> Low academic performance |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Transgender |

Please list any hobbies/interest you would like share with a mentee:

Please list any other preference you would have in regards to working with a mentee.

Are there any particular traits in a child you would ***not*** be willing to address? Work with?

What are the most convenient times for you to meet with your mentee? Please check all that applies.

Lunch time: ___ After school: ___
Evenings: ___ Weekends: ___ Varies: ___

1. Do you speak any languages other than English? If so, which languages?

2. What are some favorite things you like to do with other people?

3. What were your favorite subjects in school?

4. What do you do for a career?

5. What are your favorite subjects to read about?

6. What is your favorite type of music?
7. What Sports do you participate in? What are your favorite sports/teams?
8. Do you play a musical instrument? If so which one(s)?
9. Do you have any other special talents? If so what are they?
10. Do you have any animals, of so what are they?
11. Do you enjoy outdoor activities? If so, what do you enjoy doing?
12. What type of movies do you like?
13. What type of TV programs do you like to watch?
13. What are some goals you have for your mentoring relationship?
14. What are some of the things you are really good at?

*** Community Based**

Please check all activities or ideas you are interested in/want to do with your mentee:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Science	<input type="checkbox"/>	Library	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Art
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Shopping	<input type="checkbox"/>	Plays
<input type="checkbox"/>	Music	<input type="checkbox"/>	Movies	<input type="checkbox"/>	Arcades	<input type="checkbox"/>	Dance
<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Bowling	<input type="checkbox"/>	Cars
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Taking walks	<input type="checkbox"/>	Football
<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Reading	<input type="checkbox"/>	Volleyball

P.O. Box 2151
905 N. Gurley Ave.
Gillette, WY 82716



307-686-0669
Fax: 307-686-2121

Confidentiality Agreement

I, _____, agree to maintain confidentiality while (1) being employed, (2) volunteering, (3) visiting, (4) participating in any other capacity in all Youth Emergency Services Inc. Programs.

Confidentiality means I will not repeat names of individuals or disclose any information about any Y.E.S. House clients outside of the Y.E.S. House Agency.

If in the course of my employment I encounter YES House information regarding staff records, I am aware that these files are confidential and information will only be released with prior written authorization.

I understand that I will not access confidential files regarding family members. I am aware that these files are confidential and any violation of this confidentiality statement may be grounds for dismissal from my position with Y.E.S. House.

Confidentiality applies to information obtained by any means. This includes but is not limited to verbal or non-verbal communications, paper files, written communications, photographs, technology including but not limited to email and electronic record keeping systems.

All persons associated with Youth Emergency Services, Inc. and contracted providers adhere to the Confidentiality of Alcohol and Drug Abuse Patient Record Regulation (42 CFR, Part 2) and 45 CFR Part 160 and 164 the HIPAA Privacy Rule: Implications for Alcohol and Substance Abuse Program, June 2004, from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Center of Substance Abuse Treatment.

Signature _____ Date _____

**Any person who willfully violates this statute is guilty of a misdemeanor and may be fined up to five hundred (\$500.00) upon conviction.*



Impact Youth Mentorship

Y.E.S. HOUSE, Inc. – Volunteer/Employee Release

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION –

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit _____ to obtain an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 3 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize _____ to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment. **NOTE:** Except for those states where a signed annual release is required, i.e. California (CALIFORNIA – Continuing consent concept is inapplicable and a separate authorization must be requested each time a report is ordered. - CA Civ. Code 1786.22)

Full Name: _____
(Please print clearly)

Signature

Signature Date: _____

Address: _____

DOB: _____

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS. PLEASE CONTACT YOUR LEGAL OR HUMAN RESOURCE DEPARTMENT FOR YOUR SPECIFIC GUIDELINES TO YOUR ORGANIZATION.

APPLICATION FOR CHILD & ADULT ABUSE/NEGLECT CENTRAL REGISTRY SCREEN

Background checks on volunteers, prospective employees, or an employee who has or may have unsupervised access to minors or vulnerable adults may be screened. Note: According to W.S. 14-3-214, "the applicant shall use the information received only for screening prospective employees and volunteers."

Instructions:

- 1) The requesting organization should complete page one of this form **in ink**.
- 2) The person being screened will complete page two of this form **in ink**, ensuring the Authorization of Release of Information is signed and dated.
- 3) Verify SSN and DOB with a driver's license or other means of identification and obtain a copy **for your records**.
- 4) Authorization is only valid for sixty (60) days from the date signed
- 5) **A ten dollar (\$10) fee is required for each individual screened. An invoice will be sent to you after screens for the current month are complete.**
- 6) **Submit an envelope addressed to the Organization requesting the check with the request.** Postage is not required but is appreciated.
- 7) For accuracy purposes, please attach a typed list of the names, dates of birth and social security numbers for all individuals being screened.
- 8) Incomplete forms and requests not accompanied by a check or money order will be returned unprocessed.
- 9) Only applications with original signatures will be accepted. Electronic signatures, scanned or faxed copies are not accepted.
- 10) The SS-26 Form will be returned to the agency requesting the screen when it is complete.
- 11) ~~¥~~By including an email, you acknowledge The Department of Family Services may send you results electronically, and agree to abide by all confidentiality laws regarding Central Registry data. The original will follow by mail.
- 12) Areas marked by an asterisks (*) are required fields.

Mail application to:

Department of Family Services
Central Registry
2300 Capitol Ave, 3rd Floor
Cheyenne, WY 82002

Note: Central Registry screens are specific to the State of Wyoming.

To be Completed by Organization/Facility (Print clearly)

*Name of person being screened: _____		
*Organization requesting check: _____	Youth Emergency Services	
*Contact person for requesting organization: _____	Ryan Anderson	
*Mailing Address: _____	905 N Gurley Ave.	
*City: <u>Gillette</u>	*State: <u>WY</u>	*Zip: <u>82718</u>
*Phone: <u>(307) 686-0669</u>		
¥Organization Email (optional): _____	randerson@yeshouse.org cublitz@yeshouse.org	

For Central Registry Use only

Date Completed _____	Reference Number _____	- 0313
Person being screened listed on the DFS Abuse/Neglect Central Registry? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Central Registry Specialist initials _____	DB _____	

**AUTHORIZATION OF RELEASE
OF CHILD & ADULT ABUSE/NEGLECT CENTRAL REGISTRY INFORMATION**

To Be Completed by Person Being Screened (Please type or print legibly in ink.)

I hereby authorize the Wyoming Department of Family Services to conduct a Wyoming Central Registry Record Search to check for abuse, neglect and exploitation of children or vulnerable adults. I agree to provide the following information and any other information needed to initiate the background check. I understand that any falsification of information or substantiated abuse or neglect activities may be the grounds for termination of employment.

*Legal Name (First, Middle, Last) _____

*Maiden Name _____

*Former Married Names _____

*Aliases or Nicknames _____

*Social Security Number _____

*Date of Birth _____

*Gender: Male Female

*Current Address _____

*City _____ *State _____ *Zip _____ *Phone _____

*List All Addresses for the past five (5) years

"Voluntarily" List Names of Your Children (This information assures accuracy of the screen)

If you do not agree to electronic submission of results to the email address listed on page 1 please opt out by initialing here. _____

I hereby authorize the results of this check be provided to the Organization/Agency identified on Page 1 of this form. If this application is being made as a requirement of a child placing agency, therapeutic foster care, and/or an adoption agency, I hereby authorize the requesting agency to provide the results of this check to the Department of Family Services.

***Signature of Person Being Screened**

***Date Valid for 60 Days**

*Pursuant to W.S. 14-3-214(f) and W.S. 35-20-116(a), any organization receiving a report that a prospective employee/volunteer is "under investigation", shall be notified of the final determination of that investigation. A second screen result will be sent to the Organization on Page 1 when a final determination is made in these cases.

TO: Department of Family Services
c/o Mel Warren
Hathaway Building, Room 350
Cheyenne, WY 82002

FROM: Youth Emergency Services

Contact Name Ryan Anderson

Title HR Director

Address 905 N Gurley Ave

City/Zip Gillette, WY 82716

Phone 307-686-0669

E-mail address randerson@yeshouse.org

cbublitz@yeshouse.org

DATE: _____

Attached:

TWO blue cards YES NO
Check/money order YES NO (\$39/per person)

Subject's Name _____
Social Security Number _____ Date of Birth _____

Purpose of Request for the Wyoming WIN 7 and FBI Criminal History Record Check Information:

- Applying to become certified as a foster, respite, and/or adoptive home
- Substitute care employee, prospective employee, or volunteer. Payment from provider needs to be attached – Check or money order made payable to: Office of the Attorney General for \$39 (\$24 is for the FBI fee and \$15 for the State fee) for each set of cards submitted.

Comments:

For State Office Use

Date received: _____
Date submitted to DCI: _____
Date results received from DCI: _____

Card(s) returned to sender on: _____
1) Cards incomplete
2) Fingerprints need to be retaken
3) Check not attached or wrong amount
4) Other: _____

Results:

- Meets eligibility requirements
- May not meet eligibility requirements
- Does not meet eligibility requirement due to disqualifications found during a background investigation.

Date

State of Wyoming
Department of Family Services
C/O Mel Warren
Hathaway Building, 3rd Floor
Cheyenne, WY 82002

To Whom It May Concern:

I am writing this letter to request that a copy of my State Criminal History Record and my FBI Criminal History Record be sent to the DFS office closest to my residence. My fingerprint cards are enclosed, along with a money order for \$39.00.

Please send my records to:

DFS Office

Casper

Torrington

Gillette

Douglas

Wheatland

Newcastle

Glenrock

Other _____

I have applied for a position with:

Name: Youth Emergency Services, Inc.
ATTN: Human Resources
905 N. Gurley Ave.
Gillette, WY 82716

email: randerson@yeshouse.org
Phone number: 1-307-686-0669

Thank you,

Signature

Phone number

Printed Full Legal Name



Home Release Form

Please select one of the options below:

_____ When I have been matched with a mentee, I do not plan to take my mentee home.

_____ When I am matched with my mentee, I do plan to take my mentee home and verify that there is no other person living in my home that is 18 years or older.

_____ When I am matched with a mentee, I plan to take my mentee home and there are other people living in the home that are 18 years or older. I understand that if I select this option I am required to get background checks on these people. The following documents are required for them. I understand that prior to taking my mentee home, I must wait to be contacted by the IMPACT Youth Mentorship program for clarification that these individual's background checks have been cleared.

- Y.E.S. House, Inc. – Employee Release
- Child Abuse/Neglect Registry Form
- Criminal background CASAT form
- Finger Print Cards Orange & Blue

Check the following that apply:

_____ When I am matched with a mentee, I plan to take them to my home and do not have any pet(s)

_____ When I am matched with my mentee, I plan to take them to my home, and I have pet(s). I understand that if I have pet(s) in my home I am required to provide updated pet(s) vaccinations prior to being matched.

I understand these policies must be met prior to taking my mentee to my home. If for some reason I change my decision I will notify the IMPACT Youth Mentorship program and update this form.

Signature: _____ Date: _____

Staff: _____ Date: _____



Mini-Self Assessment of Driving Ability

HEARING

- With the car windows rolled up, can you hear a siren or horn? Yes No
- Do you hear the sound of your turn signals? Yes No

VISION

- Are objects clear and bright? Yes No
- Do you see clearly at night? Yes No
- Can you go outside in the bright sunlight and see clearly right away? Yes No
- Can you see clearly over the steering wheel? Yes No

HEAD AND NECK

- Can you turn your head and equal distance from one side to the other? Yes No
- Can you turn your head and neck far enough to see over your shoulder? Yes No

ARMS AND HANDS

- Can you drive as far as you desire without your hands and arms becoming tired? Yes No
- Can you drive for 30 minutes without your fingers or arms becoming Tingly or numb? Yes No
- Can you keep a firm but comfortable grip on the steering wheel with both hands while keeping your elbows bent and relaxed? Yes No
- Can you lift your arm high enough to adjust the rear view mirror? Yes No
- Can you cross one hand over the other when turning the wheel? Yes No

LEGS AND FEET

- Can you depress the brake pedal with your knee bent? Yes No
- Can you sit for 15 min. without your feet or legs becoming tingly or numb? Yes No
- Do you always use your right foot to depress the brake pedal? Yes No
- Can you bend your foot at least 10 degrees? Yes No

If you answered "no" to any of the above questions, please consult with your physician. Your doctor may be able to help you drive safely longer by treating a health-related problem, or by prescribing therapy or simple exercises you can do at home.

Employee Name: _____ Date: _____

Please return completed assessment to Human Resources.

