

Mentor Contract

Name: _____

Date: _____

By choosing to participate in the 2 Steps Mentoring Program, I agree to:

- Follow all rules and guidelines as outlined by the Program Managers, 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
- Meet at least four hours per month with my Mentee
- Make at least weekly contact with my Mentee
- Obtain parent/guardian permission for all meeting times at least three days in advance, if possible
- Be on time for scheduled meetings or call my Mentee at least 24 hours beforehand if I am unable to make a meeting
- Submit monthly meeting times and activities to the Program Managers, and regularly and openly communicate with the Program Managers as requested
- Participate in at least one group activity per quarter (totaling to 4 annually).
- Inform the Program Managers 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 and keep a copy of his/her health insurance coverage in the automobile at all times when traveling together
- 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 Program Managers 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 2 Steps 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 Managers at this time or in the future.

(Signature)

(Date)

2 STEPS MENTORING PROGRAM

Information Release

I, _____, understand it will be necessary for Youth Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize First Nations Community HealthSource to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a Mentoring program. Further, I provide permission for First Nations Community HealthSource to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about me will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a Mentor/Mentee match is determined, my identity and any other information known about me may be shared with the Mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

Signature

Date

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth ____/____/____

Social Security Number ____/____/____

Current Driver's License No.: _____ State: _____

Please list any other cities, states, and dates of residency during the past 10 years.

_____	_____	_____	_____
City	To (m/year)	State	From (m/year)

_____	_____	_____	_____
City	To (m/year)	State	From (m/year)

_____	_____	_____	_____
City	To (m/year)	State	From (m/year)

_____	_____	_____	_____
City	To (m/year)	State	From (m/year)

Once the form is completed, save and email to shawnc@mrshawnbiz.com or mail this application and the items listed above to 2 Steps Mentoring Program, 1800 Camden Road, suite 107-274, Charlotte, NC 28203

**2 STEPS MENTORING
PROGRAM**

Mentor Interest Survey

Name: _____ Date: _____

Please complete all the following. This survey will help Youth Mentoring Program know more about you and your interests and help us find a good match for you.

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

Weekdays: _____ Lunchtime: _____ After school: _____

Evenings: _____ Weekends: _____ Other: _____

Please indicate age group(s) and/or you are interested in working with:

Age: 4-6 _____ 7-10 _____ 11-15 _____

Ethnicity: _____

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

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with.

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

What are your favorite subjects to read about?

What is your job and how did you choose this field?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of strong interest:

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