



CASE MANAGEMENT FOR YOUTH, INC.  
 343 Forest Avenue  
 Portland, Maine 04101  
 Phone: (207) 874-1030  
 Fax: (207) 874-1044  
 TTY: (207) 874-1043

Mentor Program

# Mentor Application

1-1 Mentor     Both 1-1 & Team Mentor

## Contact Information

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

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

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

Home Phone: (207) \_\_\_\_\_ Work Phone: (207) \_\_\_\_\_

Cell Phone: (207) \_\_\_\_\_ E-Mail: \_\_\_\_\_

How long have you lived in Maine? \_\_\_\_\_

If less than two (2) years, please list most recent out of state address

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

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

## References: please list 3 non-relative references, including 1 current/former supervisor

1. Name: \_\_\_\_\_ How long known? \_\_\_\_\_

Day time phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ How long known? \_\_\_\_\_

Day time phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ How long known? \_\_\_\_\_

Day time phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Background Check Information

*All information provided will be verified for background checks as stated on Mentor Certification form.*

Other names known by (if applicable): \_\_\_\_\_

Driver's License State & Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Auto Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Have you ever been arrested for or convicted of a criminal offense?    Yes     No

If yes, please explain (attach separate page if necessary): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Emergency Medical Information

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Pertinent Medical Information \_\_\_\_\_

**The information I have provided is true to the best of my knowledge. I grant permission to this program to conduct background checks and contact the references provided.**

Volunteer Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sent to HR by: \_\_\_\_\_ Date: \_\_\_\_\_ Received by HR: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Received by MP: \_\_\_\_\_ Date: \_\_\_\_\_



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Mentor Program  
**Mentor Certification**

*Please read carefully before signing. If you have any questions regarding this statement, please ask Mentor Program staff before signing.*

The distribution or receipt of this application by Case Management for Youth (CMY), Inc. does not imply or intend to imply an agreement or contract to enroll the applicant as a volunteer for the Mentor Program. The purpose of this application is solely to allow persons a standardized form on which to submit their qualifications.

CMY, Inc. is hereby authorized to conduct an investigation of my personal history for purposes of determining my qualifications for volunteer service. This investigation may include information as to my character, general reputation, professional reputation, credentials, and police record. This information may be obtained from references from at least three (3) persons who are not related to me, references from previous or current employers, appropriate ethics committees and/or licensing, certification or accrediting bodies, Department of Human Services Child Protective Services, and/or public records from criminal convictions.

I hereby acknowledge that I have reviewed this application form and understand the purpose and the content of the information requested. I also understand that my initial acceptance into the Mentor Program is contingent on satisfactory investigative, character, and background checks. If I am enrolled as a volunteer for CMY, Inc., I will comply with all rules and regulations as set forth in the Mentor Program policy manual or other communications distributed to program volunteers.

**I understand that, if I am enrolled as a volunteer mentor for CMY, Inc., falsified statements or material omissions on my application shall be sufficient cause for dismissal from the Mentor Program.**

BY SIGNING BELOW I AGREE:

- That I meet the qualifications to be a mentor as outlined in the mentor position description.
- To submit to a reference check, that can include character references, a child abuse registry check, driving record checks, and criminal record checks.
- To participate in mentor training.
- To volunteer for the Mentor Program for at least one (1) year.
- To spend a minimum of four (4) hours each month with the child.
- To maintain contact with the parent/guardian and ensure that s/he understands and approves of mentor activities.
- To serve as a role model, maintaining the highest personal standards.
- To review and agree to comply with the policies set forth by CMY, Inc.

**I also understand that my relationship with the Mentor Program and CMY, Inc. is an unpaid volunteer position and that CMY, Inc. may terminate the relationship at any time without cause.**

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Volunteer Mentor Signature

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Date

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Volunteer Mentor Printed Name