



We build strong kids,
strong families,
strong communities.

Dear Potential Volunteer,

Thank you for your interest in becoming a mentor with YMCA Mentoring! Our youth are excited about having you in their lives!

Enclosed in this packet you will find:

- 1) Volunteer Mentor Service Description
- 2) Mentor FAQ's
- 3) Volunteer Application
- 4) YMCA Mentoring Application
- 5) Selections.Com Background Check Release

The first step in our selection and training process is to complete the mentor application packet. Please return them to us in the way that is convenient for you. Some options are:

Mail: YMCA Mentoring
Community Services YMCA
1105 Elm Street
Cincinnati, OH 45202

E-mail: mentoring@myy.org
Fax: (513) 961-3201

...or just drop it off at your YMCA branch!

Upon receipt of your application, a Mentoring Coordinator will review your application and contact you. The next steps include:

- An interview
- A background check
- 4 reference checks
- 4 training sessions over the course of 4 weeks

Thank you again for your interest! Please feel free to contact me with any questions that you may have. I can be reached at (513) 246-3230 or mentoring@myy.org.

We look forward to receiving your application!

Sincerely,

Jennifer Pugh, Regional Mentoring Director
YMCA Mentoring
Community Services YMCA

YMCA of Greater Cincinnati

Community Services YMCA
1105 Elm Street, Cincinnati, OH45202
Main: 513 961-3200 Fax: 513 961-3958
www.myY.org



Agency Partner



Build A Future, Change A Community



YMCA MENTORING

Volunteer Mentor Service Description

Position Title:	Mentor
Responsible To:	Mentoring Coordinator
Description:	YMCA Mentoring creates a structured and trusting relationship by matching young people with caring individuals who offer guidance, support and encouragement aimed at developing the competence and character of the mentee. Mentors help youth develop tools to work towards their goals, connect with the community, and encourage them to develop to their fullest potential. Through this process, mentors support the YMCA in building strong kids, strong families, and strong communities.
Duties:	<ul style="list-style-type: none"> ○ To provide one-to-one, site-based mentoring services to youth ages 6-18. ○ To be a friend, role model, supporter and guide for youth. ○ Promote a safe and positive environment for youth, staff, and families. ○ Support youth in developing a goal-plan. ○ Demonstrate YMCA values of caring, honesty, respect, and responsibility. ○ Have patience and enthusiasm. ○ Meet on a regular basis at a YMCA or school. ○ Update Mentoring Coordinator weekly about activities. ○ Report successes/questions/concerns to Mentoring Coordinator.
Time Commitment:	<ul style="list-style-type: none"> ○ 15 hours of training over a period of 4 weeks ○ 1-3 hours weekly for 12 months, during “out of school” hours (afternoon, evening, weekend), at a time agreed upon by mentor and mentee.
Qualifications:	<ul style="list-style-type: none"> ○ Willingness to share new interests and experiences with a youth. ○ Respect for different points of view and empathy with youth’s struggles. ○ At least 23 years old. ○ Sense of humor and flexibility. ○ Strong interpersonal and communication skills. ○ Caring, honesty, respect, responsibility, and consistency. ○ Possess mature judgment and sound decision-making. ○ One-year commitment. ○ High school diploma or GED. ○ Pass a fingerprint security screen. ○ Ability to work effectively with culturally diverse youth and families. ○ Spanish-language skills helpful (not required).
Training and Support:	<ul style="list-style-type: none"> ○ Free 15-hour training to understand cultural/social development, youth culture, risk factors, and to offer ways to communicate and relate to youth. ○ On-going support from a Mentoring Coordinator. ○ YMCA Mentoring Resource Center and activity ideas that are age/gender appropriate. ○ Monthly Mentor Support Meetings (optional).
Location:	<ul style="list-style-type: none"> ○ Interview and training held at the YMCA Mentoring Resource Center located in the Melrose YMCA. ○ Mentoring will take place at a YMCA or school.
Benefits:	<ul style="list-style-type: none"> ○ Make a difference in the life of a young person! ○ Free comprehensive training and on-going support from a Mentoring Coordinator. ○ Make connections with other volunteers. ○ Special YMCA Membership pass for use with youth (restrictions apply). ○ Year-end celebration. ○ On completion of the match, mentor may request a written performance appraisal.



YMCA MENTORING FAQs



What is Mentoring?

Mentoring is a structured and trusting relationship that brings young people together with caring individuals who offer guidance, support and encouragement aimed at developing the competence and character of the mentee.

- Is a structured, one-to-one relationship or partnership that focuses on the needs of mentored participants.
- Fosters caring and supportive relationships
- Encourages individuals to develop to their fullest potential
- Helps an individual to develop his or her own visions of the future

Why mentor with YMCA Mentoring?

- This program was established to serve the needs of young people in our community not being met by existing youth services by the YMCA with funding from OJJDP (Office of Juvenile Justice and Delinquency Prevention).
- A resource for youth to find what they want from life and how to achieve it.
- Youth have a positive adult in their life that they are connected to.
- Youth have an improved relationship with primary caregiver.
- Youth improve grades and attendance in school.
- Youth decrease school infractions (e.g. detention, suspensions, etc.).
- We connect youth and families to resources.
- We expose youth to a potential career path.
- Youth and mentors give back to the community via service learning projects.

How YMCA Mentoring works?

- Parents/Guardians included in the mentoring process (e.g. youth application process, setting goals for the mentoring relationship, meeting the mentor, etc.).
- Mentoring Coordinators will conduct an interview with the youth and develop a "goal plan" and review with the mentor to work on throughout the 12 months.
- The Mentoring Coordinator will provide ongoing support for the mentoring relationship.
- Monthly Mentor Support meetings (optional). This on-going support is considered vital because it provides structure for the mentors as well as on-going training.
- The YMCA Mentoring Resource Center, located at the Melrose YMCA, will have resources such as activities for mentors and mentees, neighborhood groups and college preparation information, as well as be able to connect families to resources to stabilize or enhance a family's situation.
- Individual telephone support is also provided on a regular basis.

Who are YMCA Mentors?

- Volunteers from our community who wish to make a positive impact on the young people who surround us.
- Men and women ages 23 +
- Adults from varied cultural, educational and professional backgrounds
- A friend, counselor, role model, supporter, and guide
- Dependable, consistent, and responsible adults who want to share new interests and experiences with a youth
- An understanding adult who can listen and respect different points of view and empathize with a youth's struggles
- Adults that can pass a fingerprint security screen
- Volunteers that have completed the application process
- Mentors committed to spending 1-3 hours each week with a child for one year
- Mentors who have completed 15 hours of training over 4 weeks to understand cultural/social development, youth culture, risk factors, and how to offer ways to communicate and relate to youth.

Where does YMCA mentoring happen?

At the youth's school or a local YMCA

When does YMCA Mentoring take place?

During out of school time:

- After/before school
- On the weekend

Who are the youth that YMCA Mentoring serves?

- Youth ages 6 – 18, male and female
- Youth at... *(for the initial implementation)*
 - Westwood Elementary
 - Mt. Airy Elementary
 - Riverview East
 - Skyline Community Center
 - Hughes High School
 - Academy of Multilingual Immersion Studies (AMIS)
 - Withrow International

Additional Background:

- The YMCA received a three year federal grant from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to replicate a mentoring program developed by the San Francisco YMCA, to five other regions in the country (Oakland, Phoenix, Cincinnati, Nashville, and Baltimore).
- The YMCA Mentoring Program specifically will serve over 140 youth ages 6 to 18 in Hamilton County.

Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

<input type="checkbox"/> weekday mornings	<input type="checkbox"/> weekend mornings	<input type="checkbox"/> Other _____
<input type="checkbox"/> weekday afternoons	<input type="checkbox"/> weekend afternoons	
<input type="checkbox"/> weekday evenings	<input type="checkbox"/> weekend evenings	

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Administration	<input type="checkbox"/> Sports (coaching)	<input type="checkbox"/> Aquatics
<input type="checkbox"/> Events	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Programs	<input type="checkbox"/> Building & Grounds	<input type="checkbox"/> Other _____
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Tutoring	

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

References *(only one relative please)*

Individuals that can vouch for you.

	Reference 1	Reference 2	Reference 3
Name			
Phone			
Cell Phone			
Relationship			

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. If you are under 18 parent or guardian must sign.

Name (printed)	
Signature	

Volunteer Inquiry Release form

The YMCA of Greater Cincinnati believes the safety and protection of the children we are entrusted to serve is an important priority. Like other organizations, the YMCA of Greater Cincinnati conducts random criminal background checks on individual volunteers.

The attached Volunteer Inquiry Release form discloses information regarding this process and provides us with your authorization to conduct the background check. All adult (over age 18) volunteers are requested to complete this Volunteer Inquiry Release and return it to the branch where you volunteer.

If you have any questions or comments about this process please feel free to contact the Executive Director or Center Director of the branch/center where you volunteer.

We thank you and truly appreciate your interest in volunteer service at the YMCA of Greater Cincinnati.

Volunteer Inquiry Release

As part of my application for volunteer services, I understand that the YMCA of Greater Cincinnati intends to hire Selection Management Systems (SMS) to obtain "Consumer Reports" about me as defined in the Fair Credit Reporting Act (FCRA). These "Consumer Reports" may include information concerning my character, academic background, credentials, work habits, work performance, employment history, general reputation, motor vehicle record, civil litigation history and/or criminal record. (NOTE: This report does not include a credit check)

I understand that as a condition of my consideration as a volunteer, or as a condition of my continued volunteer services the YMCA of Greater Cincinnati rely on any or all of the above referenced information. If the YMCA makes an adverse decision in whole or in part, on the "Consumer Report" obtained from SMS, a copy of the "Consumer Report" and/or a written summary of my "Consumer Rights" can be requested.

I have read the above disclosure and I hereby authorize the YMCA of Greater Cincinnati, SMS or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information services organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am selected as a volunteer, this authorization shall remain on file and shall serve as an on-going authorization for the YMCA to obtain "Consumer Reports" about me at any time during my volunteer service.

A photocopy or facsimile of this authorization shall be as valid as the original.

Signature _____ Date _____

Print Name _____
Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ - _____ - _____

Previous or Maiden Name (if applicable) _____

Street Address _____ City _____ State _____ Zip _____

Driver's License Number _____ State Issued _____

For identification purposes only: Date of Birth _____ Race _____ Gender _____

The YMCA of Greater Cincinnati recognizes that age, sex and race are protected characteristics and that the information requested will not be used as a basis for any volunteer services decision.

FOR OFFICE USE ONLY

Volunteer for "Ohio Reads": ___Yes ___No

Volunteer Program _____ Volunteer Branch _____

Branch Executive Signature _____



Build A Future, Change A Community



YMCA MENTORING

Mentoring Application

Thank you for considering becoming a mentor with the YMCA Mentoring program, where we build a future and change a community. It is a very real way to make a difference in a young person's life. This application is designed to provide us with additional information, which will help match you with the most appropriate youth. Your answers to this application will be kept confidential. If you have any questions, feel free to call Jennifer Pugh, Regional Mentoring Director, at (513) 246-3200 or e-mail mentoring@myy.org.

Please send application to: **YMCA Mentoring**
Community Services YMCA
1105 Elm Street
Cincinnati, OH 45202

E-mail: mentoring@myy.org
Fax: (513) 961-3201
...or just drop it off at your YMCA branch!

General Information

Name: _____ Date: _____
Date of Birth: _____ How did you hear about YMCA Mentoring? _____

Race/Ethnicity:

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic or Latino (of any race)
- Multiracial
- Native Hawaiian and Other Pacific Islander
- Other Race _____
- White/Caucasian

Gender:

- F M

Are you a YMCA member? YES NO If yes, which branch? _____
Are you a YMCA donor? YES NO
Are you a YMCA volunteer? YES NO

I am willing to make a 12-month commitment for the mentoring relationship, averaging 1-3 hours a week. YES NO

Employment Information

Employment status:

- Full-time Part-time Homemaker Student Retired Unemployed

Note: Work experience is not a requirement to volunteer.

Current/Most Recent Employer	Title	Supervisor	Phone	Dates

Academic Information

Note: A high school diploma or GED is required.

Name of School	Location	Degree/ Level Completed	Date

References (2 Personal and 2 Professional – REQUIRED)

Note: YMCA Mentoring checks references on all volunteers, as such, the following information is required of all applicants. (You may list the same three names that you listed on the Volunteer Application. A fourth reference is also required.)

Personal References

Name	Phone	E-mail	Relationship	How long have you know this person?

Professional References

Name	Phone	E-mail	Relationship	How long have you know this person?

Required Background Information

Have you ever plead “guilty” or “no contest” to, or been convicted of a felony?

YES NO If yes, please provide dates and details:

Note: Answering “yes” to these questions does not constitute an automatic bar to volunteering. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation will be taken into account.

Are you a registered sex offender? YES NO

All Mentors will be fingerprinted for security purposes.

I understand that YMCA Mentoring reserves the right to terminate me as volunteer at any time without supplying a reason. YES NO

Mentoring Questions

Why do you want to become a Mentor? _____

What qualities do you have that will help mentor a student aged 6-18? _____

What are some of your interests and hobbies (things you would like to do with your mentee)? _____

Who is your best friend and how would you describe your relationship? _____

Signature

Date

Congratulations! You've just finished the first step of the application process toward becoming a mentor.

We look forward to meeting you!

DATE: _____

COMPANY: YMCA of Greater Cincinnati **or Walk IN**

YMCA Applicants, please provide the location: Community Services YMCA

Are you an Administrator/Manager whose results need to be mailed to the Ohio Department of Job and Family Services?

Yes _____ No X

Web Check Waiver

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize (Selection.com) the webcheck agency to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me. I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the webcheck provider or agency I have designated to receive the information. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination. The authorization and waiver is valid for one year from the date this background check was conducted.

Print Name _____ **Signature** _____ **Date** _____

If under the age of 18 a parent or guardian's signature is required

Parent/Guardian:

Parent/Guardian Name _____ **Signature** _____ **Date** _____

For Selection.com Use Only

Entered Into Ops _____

BCI&I _____

Faxed _____

FBI _____

SELECTION.COM BCI&I/FBI INQUIRY RELEASE

I hereby certify that I have given agency (DHD234 – Selection.com) Permission to obtain all criminal history information pertaining to me in the Files of the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to release criminal history information about me to the person(s)/agencies identified in this request for a period of one year from the date of this transaction. I hereby release BCI&I and any and all individuals identified in this request from all liability in connection with the dissemination of such criminal history information.

I understand that I have given Selection.com authorization to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my criminal record.

I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize BCI&I to provide any criminal history information about me. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from this "Report" shall be brought only in state or federal court in the State of Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION
Please print all information as legibly as possible.

Signature _____ Date _____

PRINT NAME _____
Last Name First Name Middle Initial

Social Security Number PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

Have you lived in the state of Ohio for 5 consecutive years? YES _____ NO _____

FOR IDENTIFICATION PURPOSES ONLY: Date of birth _____ Sex _____ Race _____

I recognize that age, sex and race are protected characteristics and that the information requested will only be used for Identification Purposes Only.

FOR COMPANY USE ONLY PLEASE FILL OUT ALL APPLICABLE FIELDS

Client Name _____ Customer Number _____ Date _____ Initials _____

Information Requested:

Ohio Statewide (BCI&I) _____ FBI: _____

Money Received \$ _____ Cash Check Number _____ Money given to Accounting _____

P.O. Box 531172 Cincinnati, OH 45253 Telephone 513.522.8764 / 800.325.3609 FAX 513.728.4420 / 888.767.2435
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