

Volunteer Application & Information Packet



STRENGTHEN THE COMMUNITY BY MENTORING YOUTH
IN A SAFE PLACE TO DREAM, GROW AND ASPIRE



Dear potential Mentors in Motion Volunteer,

Thank you for your interest in joining our team. I once read that volunteers do not necessarily have the time, but they do have the heart! All of us here at Mentors in Motion appreciate your generous gift of time and attention to help our children grow and learn.

As with most things in life, there is a bit of paperwork to get started. Please note that the information following is as much for your safety and it is for the safety of our children. Volunteers are such a precious resource. We want your experience to benefit the children participating in our program and have no unintended challenges to you. Most of this information is standard questions to be answered, so please let us know if anything appears unclear or confusing.

Thank you again for making time for our students. I look to working with you!

Sincerely,

A handwritten signature in cursive script that reads 'Alandon Pitts'. The letters are fluid and connected, with a prominent 'A' and 'P'.

Alandon Pitts
Founder

Mentors in Motion
Volunteer Application Procedures

1. All volunteers, with the exception of visitors must complete a volunteer application packet which includes the following:

- Volunteer Application
- Volunteer Statements affirming understanding of Confidentiality
- Volunteer Criminal History Disclosure & Criminal History Background Check
- Volunteer Reference Check

2. Visitors and one-time volunteers ARE REQUIRED to complete a volunteer packet.

One-time volunteers and visitors are required to complete an application packet and must remain under the direct supervision of a Mentors in Motion employee. These volunteers should not be left alone or have unsupervised contact with individual or groups of students. Examples of one-time volunteers: grandparent visiting, person presenting information to the participants on a one-time basis; parents, friends or relatives who attend a class party or one-time event in the program.

3. Volunteer application packets must be renewed each year.

Volunteer interests, availability and emergency contact information may change from year to year and should be current each year a person volunteers. A background screening may be done randomly and annually as Mentor in Motion deems necessary or each time a volunteer packet is renewed.

4. A copy of the volunteer packet must be on file with Mentors in Motion.

An employee receiving a volunteer's application should submit a copy of the packet to the Mentors in Motion administrative assistant prior to assigning a position.

5. All volunteers, including one-time volunteers and visitors must:

- Sign in and out of the facility/program location.
- Wear required identification during their scheduled volunteer activity.
- Acknowledge that "relationships developed with children at school must remain at school" and that, for their own protection, "volunteers should never be left alone with a child that is out of view of program personnel.

6. Volunteer drivers:

Persons who drive a program designated vehicle as a component of their volunteer service must submit a copy of a valid drivers' license and driving record.

Mentors in Motion Volunteer Application

Copy of Volunteer Application must be on file where volunteer is assigned.

Volunteer Name _____ **Home Phone** _____
Address _____ **Work Phone** _____
Email Address _____ **Cell Phone** _____
City _____ **State** _____ **Zip Code** _____

Name of person to contact in the event of an emergency _____

Relationship to you _____ Daytime telephone number _____

Name of regular physician _____ Phone number _____

Please describe special medical conditions (allergies, etc.) or special accommodations you have: _____

Availability: Please write in your preferred house and days below:

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Are you available to volunteer on the weekends if needed: ____yes ____no

Are you available to volunteer for special events: ____yes ____no

Do you have CPR Training? ____yes ____no CPR Card Expiration Date: _____

Please indicate below (X) which category(s) you prefer as a volunteer:

____ Activity volunteer ____ Special events ____ Office support
 ____ Program volunteer ____ Mentor ____ Field trips
 ____ Other _____

Have you volunteered with children before? ____yes ____no If yes, please list here _____

Please list any special training or certifications you may have _____



Notice of Non-Discrimination

The Mentors in Motion Board recognizes the valuable contributions volunteers of the community make to students and our program. The board welcomes volunteers and endorses a volunteer screening program to ensure the health and safety of students, staff, and volunteers.

Mentors in Motion does not discriminate based on sex, race, creed, religion, color, national origin, age, sexual orientation, and physical disability. All volunteers and employees will be reviewed based on the information submitted and discovered during the screening process. It is the sole responsibility of Mentors in Motion to ensure the safety and well-being of our employees and students participating in our program.

Mentors in Motion
Volunteer Statement Affirming Understanding

I understand that information regarding students, families, staff, and the organization may be confidential in nature and that as a volunteer for the Mentors in Motion program I will....

- Respect the confidential nature of any verbal or written communication I receive regarding students, families, staff, and the organization and keep personal information confidential during and after I leave the program facility.
- Be discreet in any verbal communication by not discussing students, staff, or families in front of others.
- Immediately report directly to the program director or staff any information disclosed to me concerning a child's safety.
- Make reasonable efforts to assure that each student is protected from harassment or discrimination and I will not harass nor discriminate against any student, staff member or volunteer based on race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicap condition, sexual orientation, or social and family background.

I also understand that relationships developed with children at the program should remain at the program and that for the protection of the both the student, staff and volunteer, volunteers should not be left alone with a child that is out of view of program personnel.

Volunteers are also reminded that permission to communicate with a student outside the regular school day must be granted by the student's parent/guardian; the Mentors in Motion cannot and will not grant this permission.

I acknowledge receipt of Mentors in Motion Volunteer Statement. I understand it is my responsibility to read and understand all materials provided to me. I further understand that by law I am a mandatory reporter and agree to comply with all program policies, state and federal laws.

If I have questions regarding any of the materials provided I understand I am to contact a Mentors in Motion staff member.

Signature _____

Print Name _____

Date _____

Mentors in Motion
**Volunteer Criminal History Disclosure and Criminal History
 Background Check**

Copy of Missouri State Patrol Criminal History Background Report must be on file where volunteer is assigned.

All volunteers are required to complete this disclosure form prior to working with our program. All criminal history reports will be kept confidential and will not be shared. Answer **YES** or **NO** to each item below. If the answer is YES to any item, please explain in the are provided or and/or on the reverse of this form, indicating the charge or finding, the date, and the court(s) involved:

Have you ever been convicted of any crime against children or other persons per state or federal laws;

Answer _____ If "YES", explain _____

Have you ever been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;

Answer _____ If "YES", explain _____

Have you ever been accused or found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor;

Answer _____ If "YES", explain _____

Have you ever been found by a court in domestic relations to have sexually assaulted or exploited any minor or to have physically abused any minor;

Answer _____ If "YES", explain _____

Have you ever been convicted of crimes relating to financial exploitation if the victim was a vulnerable child;

Answer _____ If "YES", explain _____

A criminal history background check (limited to crimes against persons) is required for all volunteers who have unsupervised access to children and/or vulnerable adults. The following information will be used to conduct the search. Please enter your legal name and birth date (mm//dd/yyyy).

<i>Legal First Name (print)</i>	<i>Legal Middle Name (print)</i>	<i>Legal Last Name (print)</i>
Social Security Number	___ <i>Male</i>	Date of birth
____ - ____ - ____	___ <i>Female</i>	___ (mm) ___ (dd) ___ (yyyy)

I certify under penalty of perjury, under the laws of the State of Missouri, that the foregoing is true and correct.

Volunteer Signature _____

Date _____

Mentors in Motion
Volunteer Reference Check

Volunteer Name: _____

Please provide the name, address, and phone number of four persons that can attest to your character and commitment as a volunteer with Mentors in Motion.

Name: _____

Address _____

City _____ State _____ Zip Code _____

Contact Number _____ Relationship _____

Name: _____

Address _____

City _____ State _____ Zip Code _____

Contact Number _____ Relationship _____

Name: _____

Address _____

City _____ State _____ Zip Code _____

Contact Number _____ Relationship _____

Name: _____

Address _____

City _____ State _____ Zip Code _____

Contact Number _____ Relationship _____