



AFCMentors: One-to-One Mentor Application

Adoption & Foster Care Mentoring empowers adopted and foster youth in Massachusetts to flourish through committed mentoring relationships.

Please make sure you have completed every section. Thank you!

Application:

- I. General Information:** Contact & Emergency Information
- II. Schedule/Availability Information**
- III. Preferences & Interests:** Helps to match you with a mentee with similar interests.
- IV. Personal Information Part A & B:** Helps us identify why you want to become a mentor.
- V. Photo/Media Release & Waiver:** Allows AFC Mentoring to use pictures, quotes, etc. for publication purposes (e.g. brochures, flyers, pamphlets, website, PSAs, newsletters, etc.)
- VI. List of 3 References**

Supplemental Materials:

- VII. 3 Reference Forms:** To be filled out by reference person and sent to AFC Mentoring (*fax or mail*)
- VIII. Background Checks, Part A, B & C**

I. General Information (*Please Print*)

Date of this Application: _____

Contact Information

Male Female

Full Name: _____

Nickname: _____

Street Address: _____

DOB: _____

City, State: _____ Zip Code: _____

Home Phone: _____

E-mail: _____

Mobile: _____

Have you lived at this address for the past five years? Yes No

If no, please attach a list of the addresses that you have lived at for the past five years.

Best Times to Contact You (check all that apply): Home Work; (*if home*) Day Night;

Any Day Monday Tuesday Wednesday Thursday Friday Saturday Sunday

<i>(For AFC Staff Only)</i>			<input type="checkbox"/> Info session	___/___/___	<input type="checkbox"/> PM1	_____
<input type="checkbox"/> CORI	<input type="checkbox"/> REF 1	<input type="checkbox"/> Ref1 Called	<input type="checkbox"/> AFC Part I	___/___/___	<input type="checkbox"/> PM2	_____
<input type="checkbox"/> SORI	<input type="checkbox"/> REF 2	<input type="checkbox"/> Ref2 Called	<input type="checkbox"/> AFC Part II	___/___/___	<input type="checkbox"/> PM3	_____
<input type="checkbox"/> FBI	<input type="checkbox"/> REF 3	<input type="checkbox"/> Ref3 Called	<input type="checkbox"/> Interview	___/___/___	Match Date: ___/___/___	



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Business Contact Information:

Business Name: _____ **Title:** _____
Street Address: _____
City, State: _____ **Zip Code:** _____ **Work Phone:** _____
Work E-mail: _____ **Fax:** _____
How long have you been working here? _____

If you have been with employer for fewer than five years, please attach a list of your employers and addresses for the previous five years.

Emergency Contact Information

Full Name: _____ **Relation:** _____
Street Address: _____ **Home Phone:** _____
City, State: _____ **Zip Code:** _____ **Mobile:** _____

* Please note that after you have been matched if we are unable to reach you in the course of a two week period, we will contact this individual.

Race/Ethnicity (optional): _____

Language Abilities & fluency levels (optional): _____

Religious Affiliations (optional): _____

Criminal Background:

Have you ever been convicted of a crime?

If so, list date(s) and charges of which you were convicted:

Do you currently have criminal charges pending against you?

If so, please describe them:

* Please note that a criminal record will not necessarily affect your eligibility to become a mentor or volunteer.

How did you find out about AFC Mentoring: AFC Website Friend Coworker other _____
Volunteer Website: _____ Newspaper or Magazine: _____



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II. Schedule/Availability Information

1. Can you offer at least 8 hours per month? (8 hours a month is our minimum requirement) Yes No
Comments: _____

2. Will you be in Boston for at least one year from the start of this program? Yes No

3. **Match Visits:** What days **WORK** for you to meet with your mentee?

Days:	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
Times:							

What days and times absolutely **DO NOT WORK** for you to meet with your mentee?

Days:	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
Times:							

4. **Mentor Meetings:** What days **WORK** for you?

Days:	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
Times:							

What days **DO NOT WORK** for you?

Days:	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
Times:							

5. Do you have regular access to a car or will you be traveling by T? (May influence whom you are matched with.)

Access to Car: Yes No

Travel by T: Yes No *if so, which line:* Red Green Blue Orange Silver



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III. Preferences & Interests

Interests: What do you like to do in your free time? (Give specifics, if possible.)

Interests:	Additional Comments
Play sports? Which ones?	
Play music? What kinds?	
Listen to music? What kinds?	
Read? What kind of books?	
Draw, paint? What kind of art?	
Play video games? What types?	
Watch sports? Which ones?	
Watch TV or movies?	
Shop? For what?	
Other? What?	

11. Please check one from each of the following pairs below. Are you:

a) **talkative** or **quiet**? b) **funny** or **serious**? c) **energetic** or **laid back**?

IV. Personal Information, Part A

Personal Information:

1. **Yes** **No** **Were you adopted?**
2. **Yes** **No** **Were you in foster care?**
3. **Yes** **No** **Have you been in guardianship?**
4. **Yes** **No** **Did you ever live outside your biological family's home in a different arrangement?**
5. **Yes** **No** **Have you ever been involved in another mentoring program or youth service agency?**

If so, where and when? _____

(please include references from any previous mentoring organization in the reference section of this application)

1. Are there any issues that these children may be facing, that you would feel uncomfortable discussing?



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2. What preferences do you have, if any, for race, culture, gender, and age of a mentee if you are matched? Would you prefer being matched with a mentee that is adopted or in foster care, or other situation? Anything else?

3. How would you feel about working with a child with physical disabilities? With emotional/ behavioral problems? With learning problems/ trouble in school?

IV. Personal Information, Part B

Please attach a résumé, if you have one available

Mentoring questions:

1. What experiences have you had with mentoring and volunteering, particularly volunteering with youth?

2. Why are you interested in being a mentor?

3. Why do you think you would be a good mentor?

4. What other community activities (clubs, organizations, etc.), if any, are you involved?

Adoption & Foster Care Questions:

1. What experience do you have working with issues of adoption or foster care?

2. How comfortable do you feel discussing adoptive or foster care issues?



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V. Photo Release

I, _____, hereby grant AFC Mentoring and its partners (Mass Mentoring and AmeriCorp) permission to use the following selected items below to publicize and promote AFC Mentoring (e.g. in newsletters, website, etc.).

Please **check AND initial** next to the following items that you will allow AFC Mentoring to publicize:

1) My name:

a) _____ First and last name

b) _____ First name only

2) My visual image:

a) _____ Any visual image (photographic or video images)

b) _____ Non-identifying visual images only (e.g. silhouettes, hands, feet, back)

3) _____ My statements (e.g. quotes, stories, written and/or spoken)

4) _____ My artwork (e.g. drawings, pictures, photos)

I acknowledge that AFC Mentoring or its assignee has total ownership of the program or article in which my above selected information will be used. I understand that I will not receive compensation for the use of such information used to publicize and promote AFC Mentoring.

My consent to this waiver and release signifies that I completely release, promise and covenant not to sue or assert any claims against AFC Mentoring, its personnel, and/or agents of the program for liability that may arise from AFC Mentoring's use of the above selected items for the purposes stated herein.

By signing below, I am acknowledging that I have read and fully understood this Release and Waiver and that I consent to the use of the above selected information to publicize and promote AFC Mentoring.

Print Full Name

Date

Signature of Participant

Date



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VI. Reference Contact Information

Please list the names and addresses of three non-family references. Please try to give references who you have known for a while. If you are from out of state, give at least one reference from your home state. If you have worked in childcare, mentoring, or other volunteer work, please give at least one reference for that work. One reference should be a professional reference.

Reference 1: Contact Information

Full Name: _____	Phone #1: _____
Street Address: _____	Phone #2: _____
City, State: _____ Zip Code: _____	How do you know this person? _____
E-mail: _____	

Reference 2: Contact Information

Full Name: _____	Phone #1: _____
Street Address: _____	Phone #2: _____
City, State: _____ Zip Code: _____	How do you know this person? _____
E-mail: _____	

Reference 3: Contact Information

Full Name: _____	Phone #1: _____
Street Address: _____	Phone #2: _____
City, State: _____ Zip Code: _____	How do you know this person? _____
E-mail: _____	

Do you know anyone that you think would be a great mentor to a youth in care? Recommend them below!

Contact Information

Name: _____	
Street Address: _____	
City, State: _____ Zip Code: _____	Phone: _____
E-mail: _____	



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VII. Mentor Reference (1 of 3)

To the Reference:

As a reference for a potential mentor, we would appreciate your candid opinions to help assist us in evaluating this individual. Please note that we cannot guarantee confidentiality. If there is something you would rather not write, or if you have any questions or concerns please contact us with further details at our phone number or e-mail at the bottom of this page.

Please fax, mail, or e-mail this reference form to our contact information at the bottom of this page, care of:

c/o Mentor Program Coordinator

Potential Mentor Name

Name of Reference

Address of Reference (Street)

City, State, Zip

Daytime telephone number of reference

E-mail address of reference

This person is applying to be a mentor. Mentors do activities with children and serve as positive role models, and friends. Mentors must commit to at least one year of mentoring, meeting 8 hours a month.

*****Please write *several paragraphs* discussing why you believe the applicant would be a great mentor.

Please also address each of the following, according to your opinion: Will this person be able to commit to meeting every two weeks for a year? How on-time does this person tend to be? Would you trust this person with your children/children who are important to you? Is this person empathetic? fun-loving? emotionally strong? good role model? Have you ever been concerned about this person's drug or alcohol use?

The information provided above is true, to the best of my knowledge.

Signature: _____ Date: _____

May we contact you with further questions about this applicant? No Yes *if so, how?* Phone E-mail

Would you like to be on our mailing list? Yes No



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VII. Mentor Reference (2 of 3)

To the Reference:

As a reference for a potential mentor, we would appreciate your candid opinions to help assist us in evaluating this individual. Please note that we cannot guarantee confidentiality. If there is something you would rather not write, or if you have any questions or concerns please contact us with further details at our phone number or e-mail at the bottom of this page.

Please fax, mail, or e-mail this reference form to our contact information at the bottom of this page, care of:

c/o Mentor Program Coordinator

Potential Mentor Name

Name of Reference

Address of Reference (Street)

City, State, Zip

Daytime telephone number of reference

E-mail address of reference

This person is applying to be a mentor. Mentors do activities with children and serve as positive role models, and friends. Mentors must commit to at least one year of mentoring, meeting 8 hours a month.

*****Please write *several paragraphs* discussing why you believe the applicant would be a great mentor.

Please also address each of the following, according to your opinion: Will this person be able to commit to meeting every two weeks for a year? How on-time does this person tend to be? Would you trust this person with your children/children who are important to you? Is this person empathetic? fun-loving? emotionally strong? good role model? Have you ever been concerned about this person's drug or alcohol use?

The information provided above is true, to the best of my knowledge.

Signature: _____ Date: _____

May we contact you with further questions about this applicant? No Yes *if so, how?* Phone E-mail

Would you like to be on our mailing list? Yes No



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VIII. Background Checks, Part A

All mentors and volunteers are required to submit to a criminal background check. Please note that a criminal record will not necessarily affect your eligibility to become a mentor or volunteer. However, if you think a criminal background check will come back with any record, please write below stating what you think it might say, and explain circumstances around the potential record.

Do you agree to submit to the criminal background check? No Yes

Full Name (*please print*): _____ Date: _____

Signature: _____ Date: _____



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VIII. Background Checks, Part B

Criminal Offender Registry Information (CORI)

FAMIN
172H
FE705

CHAPTER 6, § 172H CORI REQUEST FORM

FAME, Inc. is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6, § 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

VOLUNTEER INFORMATION (PLEASE PRINT):

Last Name _____ First Name _____ Middle Name _____

Maiden Name of Alias (IF APPLICABLE) _____ Place of Birth _____

Date of Birth _____ SOCIAL SECURITY NUMBER: _____
(Requested but not required)

Mother's Maiden Name _____

Sex: Female Male Height: ___ ft. ___ in. Weight: _____ Eye Color: _____

CURRENT Address: _____

CURRENT City, State, Zip: _____

FORMER Address: _____

FORMER City, State, Zip: _____

State Driver's License Number _____

*****THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:** _____

(For AFC Staff use only)

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE _____



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VIII. Background Checks, Part C *Sex Offender Registry Information (SORI)*

COMMONWEALTH OF MASSACHUSETTS SEX OFFENDER REGISTRY BOARD REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

(AFC staff only) Requestor's name: _____ Date of birth: _____

Address: 727 Atlantic Avenue, 3rd Floor, Boston, MA 02111

Telephone number: 617-224-1302

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child less than 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's signature (AFC staff only): _____ Date: _____

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Subject's name: _____ Date of birth or approximate age: _____

Address: _____

City, State, Zip: _____

Personal identifying characteristics:

Sex: Male Female

Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Other information (e.g. license plate number, parents' names, etc.): _____

*******WARNING*******

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).