

TOUCHSTONE YOUTH PROJECT

Mentor Guidelines and Application

Dear Volunteer,

Thank you for your interest in volunteering with Touchstone Youth Project. The success of Touchstone Youth Project relies heavily upon the commitment and consistency of its volunteers. The purpose of this packet is to provide you with our general guidelines and an application for you to complete and return to:

Touchstone Youth Project
P O Box 643
Oklahoma City, OK 73101

If you have any questions please call 606-1818 or e-mail at asemore@touchstoneyouth.org.

Our guidelines exist to protect the safety of the Touchstone youth and to ensure a quality volunteer experience. You are eligible to apply to volunteer for Touchstone if you:

- are 21 years of age or older
- submit a volunteer application
- permit a background check
- interview with the program manager

Once again, thank you for your interest in Touchstone Youth Project.

Audrey Semore

GUIDELINES FOR VOLUNTEERS:

- Arrive on time, attend 80% and remain until the meeting or session is complete
- Always contact Touchstone Youth Project manager in advance if you will be late or unable to attend
- Keep student information confidential unless disclosure to proper authorities is required by law - any information that indicates a participant may harm him/herself or another, suspicion of depression, an eating disorder or neglect, or that he/she has been mentally, physically or sexually abused must be reported to the program manager
- Do not interact with Touchstone youth outside of the program
- Be a model for the participants - maintain appropriate adult behavior at all times
- Comply with youth behavioral expectations
- Exhibit behavior that assumes equality towards members of both sexes, all ethnic/racial and religious groups and shall not make any comments that can be construed as racist or sexist.
- Attend to behavior of youth that is not acceptable
- Report any injuries, accidents, incidents or damages to program manager
- Adhere to climbing safety rules and ensure adherence by youth
- Be prepared to take part in and facilitate weekly activities and discussion
- Offer suggestions of ways to improve the program
- Be patient, friendly, generous with praise, respectful and consistent with youth

Failure to maintain the above standards will result in termination.

Please return to: **Touchstone Youth Project**
PO Box 643
Oklahoma City, OK 73101

PERSONAL INFORMATION:

Name	Maiden Name	Spouse's name		
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Street Address	Apt #	City	State	Zip
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Mailing Address (if different)	Apt #	City	State	Zip
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Home Phone	Work Phone	Cell Phone	Pager
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Email Address

Date of Birth	Gender	Ethnic Background	Marital Status
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Social Security #	Drivers License #	Expiration Date	State
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Emergency Contact Name	Relationship	Phone
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EMPLOYMENT:

Present Employer	Position	Supervisor	Start Date
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Mailing Address	City	State	Zip	Phone
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Typical Work Schedule

Brief description of responsibilities

PREVIOUS EMPLOYMENT:

Employer	Position	City/State	Start/End Date	Reason for Leaving
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VOLUNTEER EXPERIENCE:

List any volunteer experience you have had

List any experience you have had working with youth

List any civic groups, clubs or associations of which you are a member

EDUCATION:

Highest level of education and degree obtained _____

Are you currently enrolled in school _____ Anticipated date of graduation _____

Name of School _____ Program/Major _____

QUESTIONNAIRE:

How did you hear about Touchstone Youth Project?

Briefly, why do you want to be a Touchstone volunteer?

Please describe your experience rock climbing.

Do you object to our checking with the authorities such as the Department of Justice, the Federal Bureau of Investigation and the Oklahoma Department of Motor Vehicles for matters of public record regarding your background or history? _____

Have you ever been convicted of a crime, or are you currently released on bail? If yes please explain.

Have you ever been criminally charged with any crime related to mistreatment, abuse or molestation of a child? If yes, please explain.

Have you ever been convicted of driving under the influence (DUI)? _____

REFERENCES:

Please list the names and complete contact information of three people who have known you for more than two (2) years. References must be willing to discuss your character, reputation and ethics. You may not include a family member or anyone who has known you for less than two years.

1.

Name	Relationship			
Address	City	State	Zip	Phone

Email Address

2.

Name	Relationship			
Address	City	State	Zip	Phone

Email Address

3.

Name	Relationship			
Address	City	State	Zip	Phone

Email Address

Which day are you available to volunteer? Circle all available.

Monday 3:30-5:30 Tuesday 3:30-5:30 Wednesday 3:30-5:30 Thursday 3:30-5:30 Friday 11:00-1:00

PLEASE READ CAREFULLY, SIGN AND RETURN

I hereby certify that all information contained in this application is true to the best of my knowledge. I understand that the organization is not obligated to assign, or actively seek to assign me to a volunteer position. In the event of the agency's determination of my ineligibility, the reason will not be provided. I further agree to allow the program coordinator of Touchstone Youth Project to elicit additional pertinent information as part of the interview process. **(please initial)** _____

I hereby authorize Touchstone Youth Project or other authorized representatives of the organization bearing this release, or copy thereof, to obtain any information pertaining to any of the following: my employment history, military record, credit report, criminal history, driving record, workers' compensation claims or educational records for volunteer screening purposes. I hereby fully release and discharge my prospective volunteer coordinator or other representative of the organization, their respective affiliates, employees, agents, and attorneys from all claims and damages arising of or relating to any investigation of my background for volunteer screening purposes. **(please initial)** _____

In the event that I am chosen to participate as a volunteer, I agree to participate and fulfill my responsibilities to the best of my ability. I will abide by all guidelines and uphold expectations. I will honor confidential information regarding the youth. I will inform the program coordinator of any changes in my address and/or phone numbers. I will inform the program coordinator in advance if I am going to be late or absent from a session or should I choose to stop volunteering. **(please initial)** _____

Applicant Signature	Date
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