

FOSTER HEART LINK MENTOR PROGRAM Application Packet Cover

Eligibility Standard
18 years of age or older
Willing to adhere to program policies and procedures
Agrees to a one-year commitment
Commits to eight hours per month
Agrees to weekly contact with protégé
Complete screening procedure
Attend required training sessions
Communicate regularly with program coordinator and submit monthly meeting and activity information
Has reliable transportation
Has current driver's license, insurance, and driving record

Eligibility Conditions
Has clean criminal history
Has never been accused, arrested, charged, or convicted of child sexual abuse
Has not been convicted of a felony in past seven years
Does not use illicit drugs
Does not use alcohol or controlled substances inappropriately
Is not in treatment for substance abuse. Has had a non-addictive period for at least the past five years
Has not been hospitalized for a mental disorder in past three years
Has not falsified information during screening process

The applicant must return all completed materials in the application packet:

- Application
- Copy of Driver's License
- Proof of Auto Insurance
- Personal References request form
- Pastor Referral form
- Interest Survey

You may hand in this completed packet at the Mentor Training. For any other information or questions please call Pattie Cleberg at 727-432-6058.

FOSTER HEART LINK MENTOR PROGRAM

Mentor Application

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Social Sec. #: _____

Date of Birth ___/___/___ Place of Birth: _____ Gender: Male Female

Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Employment History

Please provide employment information for your past two jobs, with your current or most recent position held first.

Current or last Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____ Position Held: _____

Dates of Employment: _____ to _____ (m/year)

Current or last Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____ Position Held: _____

Dates of Employment: _____ to _____ (m/year)

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor?
2. Do you have any previous experience volunteering or working with youth? If so, please specify.
3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
4. Describe your general health. Are you currently under a physician’s care or taking any medications? If so, please explain.
5. How would you describe yourself as a person?
6. Please check the appropriate box. A “yes” response does not necessarily disqualify you from becoming a mentor/tutor. These are issues we will discuss during the interview.

Background questions	YES*	NO
Have you ever been arrested or convicted of a crime?		
Have you ever used illegal drugs?		
Do you drink alcoholic beverages?		
Have you ever been convicted of a DUI?		
Do you use tobacco products?		
Have you ever received treatment for alcohol or substance abuse?		
Have you ever been treated or hospitalized for a mental disorder?		
Have you ever been investigated or convicted of child abuse or neglect?		
Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger?		

7. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the Mentor Program?
8. Are you willing to attend an initial mentor training session and two in-service training sessions per year after being matched?

Spiritual Information:

1. What is your home church?
2. How long have you attended?
3. What ministries are you involved in at your church fellowship?
4. Do you have any leadership roles? If so, please explain
5. Please describe briefly how and when you accepted Jesus Christ as your Savior and Lord:
6. What are the most significant events that have occurred in your life in the past two years?
7. Are there any other issues or specifics that you would like to include?

******Review and sign Statement of Faith and Ministry Standards******

Consent and Waiver:

Please Note:

Your application will be reviewed and we will respond to you as quickly as we can. All information will be kept confidential and will only be used for the purpose of determining qualifications and eligibility for service as a Foster Heart Link Mentor.

Please read this carefully before signing:

Foster Heart Link Mentor Program appreciates your interest in becoming a mentor. Please initial each of the following:

I agree to follow all Mentor Program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

I understand that Foster Heart Link Mentor Program is required to conduct a full criminal history background screening on every volunteer working with foster children. I will need to make arrangements with Foster Heart Link after training to fill out release forms and be fingerprinted by a contracted agency. Note: This process may take 6-8 weeks.

I understand that Foster Heart Link Mentor Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

I authorize any references listed in the application to give you any information that they have regarding my character and fitness for service. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I certify that information contained in this application is true and complete. I authorize the verification of any or all information listed above.

My signature below signifies that I have read, understand, and agree to the information in this application and I will comply with all guidelines and requirements for me to serve as a Foster Heart Link Mentor.

Signature of Applicant: _____ Date: _____

FOSTER HEART LINK MENTOR PROGRAM

This is the Foster Heart link Statement of Faith:

- We believe in all the fundamental doctrines of orthodox evangelical Christianity.
- The Bible is the inspired and authoritative Word of God, the sole authority for faith and practice.
- There is only one God who reveals himself to man as Father, Son, and Holy Spirit.
- Man is separated from God due to sin.
- God's Son, Jesus Christ, was born of the Virgin Mary, died on the cross for man's sins, and bodily rose again on the third day, ascended to the Father and will return to take his church.
- Man can only be saved, have eternal life in heaven with God, by repenting of sin, and by faith, accepting Jesus Christ as his Lord and Savior. This salvation is provided by the grace of God. Man cannot be saved through his own efforts or works.
- We believe in the Holy Spirit who indwells believers and enables them to live a godly life.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

Do you disagree with any of the above "Statement of Faith"? No Yes, I disagree

If yes, explain:

Ministry Standards

It has been said that the gospel is more "caught than taught"—children tend to learn more from our behavior than from our words. We therefore expect standards of behavior that reflect our commitment to communicating the Gospel. As a mentor, I agree to follow the following standards.

I agree to...

- Your personal relationship with Christ Jesus should be the highest priority in your life and kept with utmost diligence by regular Bible reading, prayer and fellowship with the church.
- Your appearance and behavior reflects not only you as an individual, but the Foster Heart Link Mentor Program as well. We ask that clothing be modest, clean, and appropriate. We should never dress in a manner to draw attention to ourselves, or that may cause a brother or sister in Christ to stumble in their Christian walk. . Gossip, slander and cursing are not acceptable. (Ephod 4:29-31)
- Meet with my protégé once a week for a minimum of one year.
- Seek to please God in all areas of my life, i.e. words, reactions, choices of entertainment.
- Live by scriptural principles. Please see Ephesians 4:17-5:21.
- Share my life and words in a way that reflects the Gospel.
- Make choices that will reflect an excellent example and avoid being a stumbling block. (For example, many children struggle with drugs, alcohol and sexuality. It is essential to set positive examples and avoid confusing messages. In the area of sexuality, it is imperative to set the example of Biblical purity, including abstinence until marriage. Please see I Corinthians 10:23-11:1.)
- Grow in my relationship with God through prayer, scripture reading, fellowship and involvement in my church.
- Refrain from any activity that may cause any physical, sexual or emotional harm to my protégé.

I have read and agree to abide by the above ministry standards throughout my involvement as a mentor. If there comes a time when I cannot fulfill this, I will notify my mentor supervisor.

Mentor Name _____

Signature _____ **Date** _____

Ministry Staff Signature _____

Pastoral and Personal References

Please give the name, address, and phone number of a pastor, associate pastor, elder, church leader, or spiritual overseer from the church community you are a part of that you would like to use as a character reference. This person should have enough of a relationship with you to be able to answer questions about your involvement in church activities and your spiritual growth. Any information Foster Heart Link Mentor Program gathers from this reference will be held as confidential and not released to you, the applicant.

Pastoral Reference Name:

Pastoral Title:

Address:

City:

Phone:

How long known:

Please list the names, addresses, and phone numbers of two people you would like to use as character references (only people you have known for at least a year). At least one reference should be someone local. Any information Foster Heart Link Mentor Program gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

FOSTER HEART LINK MENTOR PROGRAM

Mentor Interest Survey

Mentor's Name: _____ **Date:** _____

Please complete all the following. This survey will help Foster Heart Link Mentor Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentee? Please check all that apply.

Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___ Weekends: ___ other: ___

Please indicate age group(s) and/or you are interested in working with:

Age: ___ 6- 8 ___ 9-11 ___ 12-14 ___ 15-17 Ethnicity: _____

Do you speak any languages other than English? If so, which languages?

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with. _____

What are some favorite things you like to do with other people?

What are your favorite subjects to read about?

What is your job and how did you choose this field?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of strong interest: