



## FREQUENTLY ASKED QUESTIONS

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### **What is Milton Mentors?**

Milton Mentors exists to pair young students with reliable adult and high school mentors. Through its peer to peer and community based initiatives, it builds and strengthens crucial developmental assets by way of showing youth that adults and their community care truly about them. Our Community Based program matches adults to young students, while Milton Mentors Buddies matches upper level high school students with children in grades 3-5. Young mentees may require extra support or just need a friend. Now in its fourth year, Milton Mentors has almost 20 sustaining matches.

Milton Mentors is funded through the Vermont Mentoring Partnership and the Children's Trust Foundation. Milton Mentors Buddies is a partnership of the Milton Community Youth Coalition and Milton Town School District.

### **Who will my child be matched with?**

Milton Mentors Buddies matches upper level (junior and senior) high schoolers with elementary students in grades 3-5. High school volunteers must complete an application and selection form and interview with program staff before taking part. The application includes questions about interests, aspirations, and academics in an effort to match like-minded students with similar interests. Volunteer hours do count towards MHS Service Learning credit, if needed.

### **What types of activities do pairs do?**

Activities are determined by each pair and can include any range of activities including, but not limited to: homework help, playing board games, sports, and building reading skills.

### **How often and for how long do pairs meet? Is there supervision?**

Once per week for a semester, pairs meet. After the initial semester in the relationship, they may choose to continue meeting and completing activities, but it is not required. MCYC and school staff supervise the initial semester meetings – pairs are able to go out into the community after this period.

### **Who should I contact for more information?**

For more information, please contact Katie Miller, Milton Community Youth Coalition's Program Director.

Katie Miller  
kmiller@miltonyouth.org  
802-893-1009  
www.miltonyouth.org



## Mentor Application 2014 - 2015

(revised 09/16/14)

Fill out the following application to the best of your ability and return it to the Milton Community Youth Coalition, PO Box 543, Milton, Vermont, 05468, or Ms. Manley at Milton High School. You can also drop it off to us in person at the MCYC offices. Thank you for applying, and we will be in touch soon!

**Questions regarding this process?** Please contact our Program Director, Katie Miller, at [kmiller@miltonyouth.org](mailto:kmiller@miltonyouth.org), or by calling our office at 802-893-1009. This application is available online at [www.miltonyouth.org/](http://www.miltonyouth.org/)

### **Basic Information:**

Full Name: \_\_\_\_\_ Preferred Nickname or Salutation: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Demographics:**

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade In School: \_\_\_\_\_

### **Emergency Contact:**

Contact #1 - Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

Contact #2 - Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

**References:** Please list *at least three* references whom we may contact in support of your application to become a mentor. One reference must be a school reference who has known you for at least six months unless there are extenuating circumstances. Personal references need to have known you for at least two years.

	Name & Mailing Address	Phone	E-mail	Relationship	Length of Relationship
1					
2					

**Application Information:**

How did you hear about this program?

Disability and/or Additional Needs:  Yes  No

Please describe Disability and/or Additional Needs:

Why are you interested in mentoring?

Please list any previous mentoring experience and/or work with youth:

Why do you think you would be a good mentor?

Certifications:  CPR  First Aid  Life Guard

Other (Please Specify) \_\_\_\_\_

What are your interests and hobbies?

What are your personal goals?

Preferred Age of Youth:

If you speak any other languages (in addition to English), please list below:

Do you have reliable transportation?  Yes  No

Do you have a driver’s license? (Not necessary to be a mentor)  Yes  No

What is your driver’s license number? \_\_\_\_\_

Do you carry automobile insurance?  Yes  No

Do you understand the commitment is for at least one semester?  Yes  No

**Additional Information:**

Are there pending criminal charges against you?.....  Yes  No

Have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?.....  Yes  No

Have you ever been arraigned for or convicted of child abuse or neglect or of sexually abusing or molesting a youth 18 or younger? .....  Yes  No

Have you ever received treatment for alcohol or substance abuse? .....  Yes  No

Have you ever been treated or hospitalized for an emotional/psychiatric condition? .....  Yes  No

Other than the above, is there any fact or circumstance involving you or your background that could call into question your being entrusted with working with youth?.....  Yes  No

If you answered “yes” to any of the above questions, please explain:

**Availability**

What are the best days of the week for you to mentor? All mentoring activities would take place from 3:30 – 4:30. Place an “X” when available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Media Release:**

I agree to have my photograph or remarks published by Milton Mentors and the Milton Community Youth Coalition in related media pieces, newsletters, web pages or other documentation in support of Milton Mentors and the Milton Community Youth Coalition .....  Yes  No

I agree to allow Milton Mentors and the Milton Community Youth Coalition to grant permission to Mobius, Vermont’s Mentoring Partnership, to have my photograph or remarks published in related media pieces, newsletters, web pages or other documentation in support of promoting the mentoring cause statewide. ....  Yes  No

**Application Information Release:**

I understand that I have made an application for a volunteer opportunity with Milton Mentors and the Milton Community Youth Coalition and it is not a commitment or promise of a volunteer opportunity by the Milton Mentors and the Milton Community Youth Coalition. I understand that it is in the Milton Mentors and the Milton Community Youth Coalition’s discretion whether to accept me as a mentor and the Milton Mentors and the Milton Community Youth Coalition has no obligation to provide me with a reason for its decision to accept or reject me as a mentor.

I represent and warrant to Milton Mentors and the Milton Community Youth Coalition that all information that I have or will provide to Milton Mentors and the Milton Community Youth Coalition during the selection process, including information on this application and in interviews with Milton Mentors and the Milton Community Youth Coalition, is true, correct and complete to the best of my knowledge. I further agree that I have and will answer all questions posed by Milton Mentors and the Milton Community Youth Coalition to the best of my knowledge and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that any misrepresentations or omissions by me may be cause for my immediate rejection as an applicant for a volunteer position with Milton Mentors and the Milton Community Youth Coalition or my termination as a volunteer.

I hereby authorize Milton Mentors and the Milton Community Youth Coalition to request and obtain any and all records, documents and information about me from employers, agencies and references included on my application necessary for Milton Mentors and the Milton Community Youth Coalition to evaluate my suitability as a mentor. I understand that Milton Mentors and the Milton Community Youth Coalition will check some or all of the following: my records on the national sex offender registry, the Vermont child abuse and neglect registry, the Vermont criminal conviction search, FBI Fingerprint-based Background Check, and Vermont Motor Vehicles Driver Record Check. I hereby consent to the release of such records, documents, and information to Milton Mentors and the Milton Community Youth Coalition and to Milton Mentors and the Milton Community Youth Coalition’s designated representatives. I release and agree to defend and hold harmless from liability any person or organization that provides information.

*I agree and acknowledge that this information may be disclosed by Milton Mentors and Milton Community Youth Coalition officials to persons involved in the implementation of Milton Mentors activities and programs. I hereby release and agree to defend and indemnify Milton Mentors and Milton Community Youth Coalition, its directors, officers, partners, employees, affiliates, agents, successors, and its designated representative from any and all claims that may result from the use, release and disclosure of such information.*

I HAVE CAREFULLY REVIEWED THIS "INFORMATION RELEASE AND COVENANT NOT TO SUE" AND I HEREBY CONFIRM MY UNDERSTANDING OF ITS CONTENTS AND AGREE TO BE BOUND BY ITS TERMS AS A CONDITION OF MY PARTICIPATION IN THE ABOVE ACTIVITY.

I have read and understood the terms outlined above, and agree to them.

I agree to inform Milton Mentors if any of the information on this application changes or if I’m convicted of a crime (misdemeanor or felony) during the time that I am involved with Milton Mentos.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian (if under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_