



## Mentor Job Description

The Bridge Youth & Family Services Mentor Program provides at-risk youth with the vital human connection and support they need to develop problem-solving, communication, and critical life skills.

Mentors help youth develop a more positive outlook on their futures, improve academically, and get along better with their peers and family members. Mentors benefit from the relationship as well. Mentors have reported feeling that they have become better people from mentoring experience.

### **Mentor Role**

- Establish and maintain a positive personal relationship
- Provide a positive role model
- Build the relationship by planning and participating in weekly activities together
- Help develop life-management skills
- Participate in setting goals and work toward accomplishing them
- Build self-esteem and motivation

### **Program Requirement**

- Be 21 years old or older
- Ability to pass thorough criminal background, driving record and personal reference checks
- Agree to a one-year commitment
- Commit to participate in one-on-one activities as well as group activities
- Attend monthly mentoring meetings
- Be willing to adhere to the policies and principles of service to the youth of The Bridge
- Complete the screening process
- Agree to attend mentor training as required
- Have a current driver's license, full coverage auto insurance if you plan to drive youth
- Adhere to a smoke-free, drug-free, and alcohol-free policy when working with youth

### **Desirable Qualities**

- A sincere desire to be involved with a young person
- Respect for young people
- Active listening skills
- Empathy
- Ability to see solutions and opportunities
- Flexibility

### **Benefits to Mentor**

- Achieve personal growth and learn more about themselves
- Improve their self-esteem and feel they are making a difference
- Satisfaction in helping someone mature, progress, and achieve goals
- Gain a better understanding of other cultures and develop a greater appreciation for diversity
- Have Fun

### **Screening Process**

- Complete a written application
- Have three positive character references
- Participate in an in-depth interview with the Program Coordinator
- Pass fingerprint criminal background, and driving record checks



## Mentor Program Volunteer Mentor Application



VOLUNTEER INFORMATION		
Name:		
Date of birth:	Last 4 digits of SSN:	Email:
Current address:		
City:	State:	ZIP Code:
Phone# (h)	Phone# (c)	
How long have you lived in the area?		
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Previous work experience:		
VOLUNTEER EXPERIENCE, INTERESTS and SKILLS		
Previous volunteer experience, if any:		
Describe any specialized experience with youth, if any:		
Interests and hobbies:		
Special training, for example art, music, crafts, etc.		
Foreign language skills: <input type="checkbox"/> speak <input type="checkbox"/> read <input type="checkbox"/> write		Language:
3 PERSONAL REFERENCES (NON-RELATIVE)		
<i>REFERENCE #1</i>		
Name:	Relationship:	Phone:
Current address:		
City:	State:	ZIP Code:
<i>REFERENCE #2</i>		
Name:	Relationship:	Phone:
Current address:		
City:	State:	ZIP Code:
<i>REFERENCE #3</i>		
Name:	Relationship:	Phone:
Current address:		
City:	State:	ZIP Code:
PERSON TO NOTIFY IN CASE OF EMERGENCY		
Name:	Relationship:	Phone:
ADDITIONAL INFORMATION		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any medical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.		
Have you ever been or are you currently in recovery for alcohol or drug abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain here and request the <i>Consent to Release of Confidential Information</i> from the program coordinator.		
Signature:	Date:	



**Mentor Program  
Insurance Verification and  
Consent to Driving Record Inquiry**



**A COPY OF A VALID DRIVER'S LICENSE AND AUTO INSURANCE CARD MUST BE ON FILE.  
UPON RENEWAL, NEW COPIES MUST BE SUBMITTED.**

Volunteer name:	Driver's license number:
Auto insurance company:	Auto insurance policy number:
Name of agent:	Agent's phone number:
<b>Bodily Injury Liability Coverage</b>	
Per person:	
Per occurrence:	
<b>Property Damage Liability Coverage</b>	
Per person:	
Per occurrence:	
<b>Uninsured Motorist Coverage</b>	
Per person:	
Per occurrence:	
<b>Medical Payments</b>	
Per person:	

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Volunteer signature

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Date