



group mentoring application

Applications can be manually or digitally completed. However, **all signature boxes must be physically signed**. Please print the completed form to sign it. To return, you may: scan/email it to mentor@thepartnershipforourkids.org ; fax it to 402.930.3006; or mail it to: Group Mentoring Program Recruitment, 1004 Farnam Suite 200, Omaha, NE 68102.

Equal access to programs, service and employment is available to all persons. Applicants requiring reasonable accommodation to the application or interview process should notify a Recruitment Specialist at mentor@thepartnershipforourkids.org or call 402.930.3000.

Date: _____ Legal Name: _____

Other Names: _____ Preferred Name: _____
Former married names, maiden name and nick names. What you like to be called

Birthdate: _____ Mailing Address: _____
Street Address/City/State/Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ What is the best way to reach you? _____
e-mail used during the day

Gender: _____ Ethnicity (optional): _____ Languages Spoken: _____

How did you learn about The Partnership 4 Kids? _____

_____ Social Security Number _____

Employer: _____ Work Address: _____

Occupation: _____ How Long: _____

Marital Status: _____ Number of Children: _____ Ages of Children: _____

Cities & States lived in previously (for the past 7 years): _____

Briefly describe your current occupation: _____

List other job experience or skills: _____

Why do you want to be a mentor? _____

What do you especially like about young people? _____

What do you hope to gain from the mentoring experience? _____

Do you travel and, if so, how much? _____

Do you currently have contact with a junior high age student, either directly or indirectly? Please explain.

What strengths do you bring to the mentoring process? _____

What concerns do you have about mentoring a group of students? _____

List any other activities (community involvement, hobbies, volunteer work): _____

Can you meet with a group as often as our program requires (1-2 times per month)? _____

What age student would you prefer to work with (Middle or High School)? _____

Is there anything on your driving or criminal record we should be aware of before processing your application? Explain.

Group mentoring with The Partnership For Our Kids has attendance requirements and meets roughly twice a month on a regular schedule. What days are you available to spend with a student group? Select all that apply.

| Monday | Tuesday | Wednesday | Thursday |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 3pm – 5pm | <input type="checkbox"/> 3pm – 5pm | <input type="checkbox"/> 3pm – 5pm | <input type="checkbox"/> 3pm – 5pm |

Will you be able to attend at least 75% of our bi-monthly meetings throughout the school year? _____

Would you be interested in learning more about our Goal Buddy program working with Elementary Students? YES / NO

Which community events might you be interested in? _____Golf and/ or _____Wine

Please read this carefully before signing:

Our program appreciates your interest in becoming a mentor. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct initial / annual federal and state criminal records checks.

Applicant's Signature: _____ **Date:** _____

Applicant's Name (Print): _____



personal reference list

_____ Your Name

Please list the information of **three personal references**, who are not related to you, that we may contact.

Please complete **two** of the methods of contact for each reference.

(1) Name: _____ How long have you known this person? _____

Relationship: _____ Would they be interested in volunteering with you? _____

Contact Info (in order of preference) Email: _____ Phone Number: _____

Address: _____
Street City State Zip

(2) Name: _____ How long have you known this person? _____

Relationship: _____ Would they be interested in volunteering with you? _____

Contact Info (in order of preference) Email: _____ Phone Number: _____

Address: _____
Street City State Zip

(3) Name: _____ How long have you known this person? _____

Relationship: _____ Would they be interested in volunteering with you? _____

Contact Info (in order of preference) Email: _____ Phone Number: _____

Address: _____
Street City State Zip

proof of insurance

Please attach a copy of your proof of insurance card.

Mentors are encouraged to interact with students outside of classroom meetings. In that event, we are required to obtain proof of insurance on the personal vehicles that will be used to transport students.

Driver's License # _____ Issuing State _____

Name of Insurance Co. _____ Policy # _____

Do you have any impairments that would cause a driving hazard (why type)? _____

Has your Driver's license been suspended or revoked in the last 5 years (why)? _____

All volunteers must complete an annual background screening in order to participate in our program. Please complete the attached forms;



Partnership 4 Kids Background Check Policy Minimum Standards

| | |
|--|---|
| CRIMINAL HISTORY | |
| FELONY | DRIVING HISTORY |
| No felony convictions* or pending felony charges are acceptable. | <p>All potential mentors who will be in situations that allow them to drive with mentees will have their driving record checked. An unacceptable driving record does not automatically disqualify a volunteer; however, they will not be allowed to transport students in their personal vehicle under any circumstances. More than three moving violations in a 3 year period; More than two moving violations and an accident in a 3 year period, or more than two at-fault accidents in a 3 year period. License information and a copy of your proof of insurance card must be on file before driving a mentee.</p> <p style="text-align: center;">Does not apply to Goal Buddies because they are not transporting students</p> |
| MISDEMEANOR | |
| <p>No misdemeanor convictions* (where the court's jurisdiction is pending, continuing or ended less than 7 years ago) or pending misdemeanor charges involving violence, theft, drugs, terroristic threats, crimes against nature, weapons, any misdemeanor relating to the welfare of a child, or any crime listed as a Felony. Examples (not a complete listing):</p> <ul style="list-style-type: none"> ● Abandonment of Spouse or Child ● Contributing to the Delinquency of a Child ● Damage/Destruction to Property ● Disorderly Conduct ● Obscene Literature Distribution/Sale to Minor ● Obscene Motion Picture Show, Admitting Minor ● Possession of any controlled substance with the intent to deliver in the last 10 years ● Resisting Arrest/Fleeing Arrest ● Shoplifting after age 19 or within last 3 years | |
| DRIVING UNDER THE INFLUENCE (DUI) / OPERATING WHILE INTOXICATED | |
| <p>Must have completed court jurisdiction of all required probation, fines, costs, etc... of any first offense Driving Under the Influence, Operating While Intoxicated or like charge. Automatic disqualification;</p> <ul style="list-style-type: none"> ● One DUI within the last 3 years. ● Two or more total DUI's. <p style="text-align: center;">Does not apply to Goal Buddies because they are not transporting students.</p> | |
| PROCEDURAL REQUIREMENTS | BACKGROUND SEARCH |
| <p>Failure to comply with procedures will be considered a failure to meet the minimum requirements for volunteering. This includes but not limited to:</p> <ul style="list-style-type: none"> ● Failure to sign the Release Authorization. ● Failure to sign the Authorization for On-Going Screening. ● Falsification of information on the Application . ● Failure to attend training as a new volunteer. ● Failure to sign the Policies and Procedures Agreement after training. | <ul style="list-style-type: none"> ● Applicant Verification (SSN Trace) ● Multi – Court Jurisdictional Database (Over 350 Sources) ● National Sex Offender Registry ● Global Watch (FBI Most Wanted, DEA Most Wanted, ATF Most Wanted, OFAC, Terrorist Watch List, Etc...) ● County Criminal - Statewide Where Available ● Federal Criminal Search |

Final determination of volunteer eligibility may also be dependent on the Omaha Public Schools criteria for volunteer service.

** For the purpose of this policy a conviction includes a plea of guilty, verdict or finding of guilt regardless of whether sentence was imposed by the court, and a felony conviction shall mean any felony offense under the laws of any jurisdiction.*



disclosure regarding background check applicant release authorization

In connection with my application for volunteering with The Partnership 4 Kids, I understand that a background check will be requested through One Source, The Background Check Company. I understand that The Partnership 4 Kids will be requesting information from public and private sources about my court record (and driving record if applying to be a mentor).

According to the Fair Credit Reporting Act (FCRA), I am entitled to know if I am denied the ability to volunteer because of information obtained by The Partnership 4 Kids from One Source, The Background Check Company. If so, I will be notified and given the name and address of One Source, The Background Check Company. I acknowledge that a facsimile (fax), photographic copy or email shall be as valid as the original.

I hereby authorize, without reservation, any law enforcement agency, institution or reference contacted by One Source, The Background Check Company or its agent, to furnish the information described above. I understand that in the event of a negative decision regarding my volunteerism with The Partnership 4 Kids is made based upon the results of my background check, a report will be furnished to me upon my request.

The following information is required by law enforcement agencies and other entities for positive identification when checking public records. It is confidential and will not be used for any other purposes. I hereby release The Partnership 4 Kids and all persons, agencies and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

Signature: _____ **Date** _____



authorization for ongoing screening

-The Recruitment Team

In order to comply with national standards for working with youth, we perform an annual background screening on all volunteers. Yearly screenings are a necessary step in providing continual assurance to staff, volunteers, parents and schools that we are providing a safe environment for our students. At no point in time are findings being added to your records. All information received in this report is and will be kept confidential. Thank you for your help.

Important: please read carefully before signing.

Disclosure Regarding Background Investigation and A Summary of Your Rights Under the FCRA follow this page.

disclosure regarding ongoing screening

The Partnership 4 Kids reserves the right to obtain information about you from a consumer reporting agency (One Source, The Background Check Company) during the course of your volunteerism. Thus, you may be the subject of a background screening annually for the purpose of continued volunteerism. This authorization shall remain in force for the entire duration of your volunteerism and will only terminate with the termination of your volunteerism.

acknowledgement and authorization

I acknowledge receipt of the 'Authorization /Disclosure Regarding Ongoing Screening,' 'Disclosure Regarding Background Check,' and 'Summary of Your Rights Under the FCRA' and certify that I have read and understand these documents. I hereby authorize the obtaining of an annual background check by The Partnership 4 Kids at any time after the receipt of this authorization and throughout my volunteerism.

Signature: _____

Date _____

summary of rights under the FCRA

please keep for your records

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every consumer reporting agency (CRA). You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commissions web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under the state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

1. You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you--such as denying an application for credit, insurance or employment must tell you and give you the name, address, and phone number of the CRA that provided the consumer report.
2. You can find out what is in your file. At your request, a CRA must give you the information in your file and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
3. You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs--to which it has provided the data, of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
4. Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
5. You can dispute inaccurate items with the source of the information. If you tell anyone--such as a creditor who reports to the CRA--that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
6. Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
7. Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA, usually to consider an application with a creditor, insurer, employer, landlord, or other business.
8. Your consent is required for reports that are provided to employers or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
9. You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
10. You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA. For questions or concerns regarding:

CRAAs, creditors and others not listed below, please contact:

Federal Trade Commission
Bureau of Consumer Protection-FCRA,
Washington, DC 20580 (202) 326-3761

National banks, federal branches/agencies of foreign banks, please contact:

Office of the Controller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219 (800) 613-6743

Federal Reserve System member banks, please contact:

Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551 (202) 452-3693

Savings associations and federally chartered savings banks, please contact:

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552
(800) 842-6929

Federal credit unions, please contact:

National Credit Union Administration
775 Duke Street
Alexandria, VA 22314
(703) 518-6360

Federal Deposit Insurance Corporation

Division of Compliance & Consumer Affairs
Washington, DC 20429
(800) 934-FDIC

Air, surface or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission, please contact:

Department of Transportation
Office of Financial Management
Washington, DC 20590
(202) 366-1306

Activities subject to the Packers and Stockyards Act, 1921, please contact:

Department of Agriculture
Office of Deputy Administrator-GIPSA
Washington, DC 20250
(202) 720-7051