

Dear Potential Mentor,

Thank you! We are excited that you have decided to take the first step toward becoming a mentor! We appreciate your interest in joining the Strengths for Life Mentoring team here at City impact. We could not have a program like this without caring adults like you who invest their time and energy encouraging and helping a child to develop their God-given strengths and abilities.

When completed, please return this application by mail or in person to City Impact or scan and e-mail the application to nbyford@cityimpact.org (*we must have your actual signature on file to complete a background check*). Once your application has been reviewed, we will contact you to set up a face-to-face interview. During this interview we hope to get a general idea of what activities and interests you would like to engage in with a student mentee so that we can match you accordingly.

Again, we want to thank you for your interest in City Impact's Strengths for Life Mentoring program. We look forward to getting to know you more and answering any questions that you may have along the way. If you have any questions regarding the application or the process, please do not hesitate to call me at (402) 477-8080 or e-mail me at nbyford@cityimpact.org.

Thank you for your time and for considering this investment in a student's life,



Natalie Byford
Strengths for Life Mentoring Director

Strengths for Life Mentoring Program Mentor Application

Full Name (As Printed on Driver's License): _____

Birth Date: ___/___/___ E-mail address: _____

Home Address: _____

Street

City

State

Zip

Gender: Male Female Marital Status: Never Married Married Divorced Widowed

Name of Spouse: _____ Children: _____

Home Phone: _____ Cell Phone: _____

In Emergency, notify: _____ Phone: _____

The following information is requested for input into our database and is not a determinant of eligibility.

Ethnic Background (Choose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hispanic/Latino | |

What is your highest level of education completed?

- | | |
|--|--|
| <input type="checkbox"/> High School | <input type="checkbox"/> BA/BS Degree |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> College Courses | <input type="checkbox"/> PhD |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Other _____ |

Please briefly explain why you want to be a City Impact mentor: _____

Do you have a preferred age range that you would like to mentor? YES NO

If yes, what ages? _____

If there is not currently a student in this age range requesting a mentor, would you prefer to:

- be matched with a student that is not in your preferred age range.
 wait until there is a student in that age range.

Do you have any felony or misdemeanor convictions pending, continuing or ended? YES NO

If yes, please explain: _____

Have you been involved in any incidents of child abuse, sexual or other? YES NO

If yes, please explain: _____

Do you now or have you ever used narcotics or hallucinogens drugs not prescribed by a physician? YES NO

If yes, please explain: _____

Do you have any medical conditions or disabilities that may affect your involvement in the program? YES NO

If so, please specify: _____

Please provide the following information for three character references. Please use only one family member.

	Family	Friend	Other
Name			
Address			
City, State, Zip			
Phone			
Relationship to Self			
Length of Relationship			
E-mail Address			

Please provide the following information for your current employer.

Employer _____	Your Position _____
Address _____	
Start Date: _____	End Date: _____
Supervisor's Name: _____ Phone (____) _____	

Please list any special interests, skills, or hobbies you have: _____

Please list examples of any prior volunteer experience: _____

When will you be available to start mentoring? _____

Please make any other comments that you think might be helpful. _____

If you know what type of mentor you would like to be, please check the appropriate box below:

Interest Mentor: You will select one skill area that you would like to mentor a student in. You will be matched with a student that has requested a mentor for that skill (grades 3-12).

Career Mentor: You will be matched with a student, grades 3-8, who is interested in learning about career opportunities. You will take that student on a minimum of eight site visits over a period of one year.

College Mentor: You will be matched with a student, grades 9-12, who has requested a mentor to help them through the process of exploring and preparing for college, including campus visits and filling out applications for enrollment and financial aid.

Note: If you know that you want to be a college or career mentor, you do not need to fill out the interest survey. If you want to be an interest mentor, or if you are unsure at this point, please fill out the interest survey on the next page.

Mentor Interest Survey

What are you passionate about? What one hobby, skill or interest could you mentor a student in? The intention of this survey is to identify that **ONE THING THAT YOU LOVE TO DO MORE THAN ANYTHING ELSE**. However, if you happen to be extremely talented in more than one area, you can list up to three, ranking in order of preference. Ex: If you would most like to be matched with a student that wants to learn the drums and you are a skilled drummer, you would put a #1 beside "Drums". Please read all of the activities before ranking, and **do not feel limited by the options listed below, if you have a special skill or interest that you would like to share with a student, but is not listed below, please write that in the area provided.**

SPORTS AND ATHLETICS

- Aerobics
- Archery
- Badminton
- Baseball
- Basketball
- Bike Riding
- Bowling
- Football
- Golf
- Gymnastics
- Hockey
- Horseback Riding
- Ice Skating
- Jump Rope
- Pool
- Racquetball
- Rock Climbing
- Rollerblading
- Rowing
- Running/Jogging
- Skateboarding
- Soccer
- Softball
- Swimming
- Table Tennis/Ping Pong
- Tennis
- Track and Field
- Trampoline
- Volleyball
- Water Sports
- Weight Lifting
- Personal Training

DANCE/MOVEMENT

- Modern Dance
- Ballroom Dancing
- Cheerleading
- Martial Arts
- Break Dancing

BUILDING AND DESIGN

- Woodworking
- Drafting
- Architecture

ARTS

- Graphic Art
- Sketching
- Cartoons
- Clay
- Illustrating
- Drawing
- Floral Design
- Glass Art
- Jewelry Making
- Origami
- Painting
- Photography
- Pottery
- Scrap-booking
- Sculpting

OTHER CREATIVE ARTS

- Cooking
- Baking
- Sewing
- Fashion Design
- Knitting
- Hair Styling
- Magic
- Theater Makeup

WRITING

- Comics
- Poetry
- Plays
- Stories
- Fiction
- Non-Fiction
- Journalism

ENTERTAINMENT

- Acting
- Comedy
- Public Speaking
- Theater
- Film

LEARNING

- African-American History
- American History
- Ancient History
- Bible History
- Anatomy and Physiology
- Chinese
- Computers
- Construction
- Electricity
- European History
- Explorers/Discoverers
- French
- German
- Hispanic History
- History in General
- Inventors/Inventions
- Italian
- Japanese
- Machines/Cars
- Military History
- Music History
- Native American History
- Reading
- Russian
- Sign Language
- Space/Rockets
- Spanish
- Sports History
- World History
- Politics
- Math

OUTDOORS

- Animals
- Camping
- Fishing
- Insects
- Nature
- Plants/Gardening
- Growing Flowers
- Landscaping
- Hiking/Backpacking

MUSIC: COMPOSITION

Please indicate type of music below:

MUSIC: INSTRUMENTAL

- Guitar
- Flute
- Piano
- Clarinet
- Drums, Percussion
- Saxophone
- Singing
- Trombone
- Violin
- Bass
- Tuba
- Trumpet
- Harmonica
- Cello
- Accordion
- Other Instrument

MUSIC: PERFORMANCE

- Choir
- Solo
- Band
- Orchestra
- Other

MISCELLANEOUS

- Card Games
- Model Airplanes
- Model Cars
- Mechanics
- Repair (Car, Bike, etc)

Other activities/areas that were not listed (please number these as well):

City Impact is an evangelical, Christian, humanitarian organization seeking to meet physical and spiritual needs in Lincoln's urban neighborhoods. Because of the unique nature of our ministry, we require that volunteers for our faith programming sign a statement of agreement with our statement of faith. If you are not in full agreement with City Impact's statement of faith we ask that you:

- Agree that the position held by City Impact is a valid doctrinal position and can be defended in Scripture.
- Agree not to promote your differing position in a formal teaching setting or by leading staff or City Impact children / families under your control or supervision into any doctrine contrary to that adopted by City Impact.
- Make an honest effort not to call attention to such differences wherever possible.

Note: The spirit and attitude of each person should be one of harmony and unity. For the sake of harmony, those who cannot in good conscience support the statement of faith in light of the aforementioned guidelines should refrain from volunteering in our faith based programs.

City Impact Statement of Faith

- There is one living and true God, infinitely perfect in glory, wisdom, holiness, justice, power and love, one in His essence but eternally existing in three persons: God the Father, God the Son and God the Holy Spirit.
- God autonomously created the world out of nothing, so that His creation, while wholly dependent upon Him, neither comprises part of God, nor conditions His essential perfection. (Genesis 1:2; Matthew 28: 19,20)
- The Bible is the inspired, inerrant and infallible Word of God as originally given. (2 Timothy 3:16).
- God created humans in His own image, in a state of original righteousness, from which they subsequently fell by a voluntary revolt, and consequently is guilty, inherently corrupt and subject to divine wrath.
- Jesus Christ, the eternal Son of God, became man without ceasing to be God by uniting to His divine nature a true human nature in His incarnation, and so continues to be both God and man, in two distinct nature and one person, forever. He was conceived by the Holy Spirit, born of the virgin Mary, exhibited His deity by manifold miracles, fulfilled the requirements of the Law by His sinless life, shed His blood as a vicarious and propitiatory atonement for man's sin, was resurrected from the dead in the same body, now glorified. He ascended into heaven and now intercedes in glory for His redeemed as our great high priest and advocate, and as the Head of the Church. (Matthew 1:20,21; John 1:1-14; Romans 3:21-26; 5:6-11; 1 Peter 3:18; 1 John 2:1-2; Luke 24; Acts 1:9; Hebrews 8).
- The Holy Spirit convicts the world of sin, righteousness and judgment, through the ministry of regeneration and sanctification places believers into the Church, guides and comforts God's children, indwells, directs, gifts and empowers the church in godly living and service in order to fulfill the great commission, and seals and keeps the believer until Christ returns. (John 16:1-33; 1 Corinthians 12:12; Ephesians 1:13-14).
- Humans are saved by grace through faith; and not of themselves, but as a gift from God; not as a result of works. (Ephesians 2:7-8).

In addition to supporting our statement of faith, we also ask that you carefully and introspectively read through the ministry standards below. To be a volunteer in our faith-based programs, you must be able to honestly say that you live by these ministry standards and agree to continue living by these ministry standards throughout your volunteer relationship with City Impact.

Ministry Standards

- Seek to please God in all areas of your life, i.e., words, actions, choices.
- Reflect the gospel in what you say and do.
- Live a lifestyle that is free of drug and alcohol abuse, sexual sin (including but not limited to: premarital, extramarital, and homosexual relations), and any other pervasive/habitual sin.
- Grow in your relationship with God through prayer, scripture reading, fellowship and involvement in a body of believers.
- Refrain from any activity that may cause any physical, sexual, or emotional harm to your mentee.
- Live as a law-abiding citizen.

I agree to support City Impact's statement of faith as well as live in accordance with the ministry standards above. I also agree not to support or promote behavior contrary to City Impact's ministry standards above (including, but not limited to: homosexuality, pornography, premarital sex, and drug/alcohol abuse). I understand that if at any point through the application process or the volunteer relationship, I fail to abide by City Impact's statement of faith and/or ministry standards I may be asked to discontinue my volunteer relationship.

Signature of applicant

Date

Driver Agreement

For insurance purposes, we require that all mentors own the vehicle that they will be transporting their mentee in, have proof of insurance that includes passenger liability, and a valid driver's license. **Please provide the following information for our records and a photocopy of your driver's license and auto insurance:**

Driver's Name: _____

Driver's Address: _____

Operator's License Number: _____

Is this a commercial operator's license? Y/N

Birth Date: __/__/__

Type of vehicle to be used: Make: _____

Model: _____ Year: _____

Vehicle Identification #: _____

License Plate #: _____

Name of Insurance Company: _____

Policy #: _____

Name of Insurance Agent: _____

Phone: _____

Do you have any impairment/s that would cause a driving hazard? Y/N

If yes, what type of impairment? _____

Has your Driver's license been suspended, revoked, or restricted in the last three years? Y/N

If yes, for what reason? _____

Have you been involved in any accidents in the past three years? Y/N

If yes, were you at fault? Y/N

Please explain. _____

Have you been ticketed for any traffic violations in the past three years? Y/N

If yes, for what? _____

While transporting my mentee, I agree to:

Observe all local and state traffic regulations.

Inspect my vehicle for any safety hazards before driving.

Verify that all passengers have their seat belts buckled before moving the vehicle.

Not allow passengers to move about while vehicle is moving.

I have read the above statements and agree to the contents. To the best of my knowledge and belief, all statements on this form are true and accurate. I agree to notify City Impact if my license or insurance status changes.

Date: _____ Signature: _____

STRENGTHS FOR LIFE MENTORING AGREEMENT

- I, _____ (your name) acknowledge that if accepted as a Strengths for Life Mentor, I agree to abide by the rules and regulations of City Impact.
- I agree to meet monthly with my mentee for a minimum of 12 months.
- I am not under current indictment.
- I give permission for City Impact to perform periodic checks of my background and obtain information about me from a consumer reporting agency for the purpose of mentor screening at any point during my relationship with City Impact. I understand that this may include information about my character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as my neighbors, friends, or associates. I acknowledge that reports may contain information regarding my credit history, criminal history, social security verification, motor vehicle records, verification of education, employment history, and/or volunteer history, worker's compensation injuries or other background checks including sex offender registries, Nebraska Adult Abuse Registry and Nebraska Child Abuse Registry searches. I understand that I do not have to agree to this background check, but the refusal to do so will exclude me from consideration.
- I give permission for City Impact to contact my identified references, employer and pastor. I understand that by contacting these individuals they will be asked to give their full and honest evaluation of my suitability of the described work and such other information as they deem appropriate.
- I will not hold City Impact or any of its employees responsible for any hazard or injury that may occur to me while I am offering my volunteer services on or in their facilities or in other off-site locations.
- I understand that by signing this form, I am waiving all rights to any subsequent legal action. I understand that I am volunteering my services and am not covered by Workers' Compensation insurance. I further understand that I work at my own risk and that my services are as an unpaid volunteer who will not be considered an employee of City Impact for any reason. As an unpaid volunteer I am not eligible for health benefits or other liability coverage.
- I consent to the use of my picture and oral/written statements for promotional purposes, unless revoked below.
- I understand that City Impact reserves the right to deny any applicant for any reason.
- I agree to participate in a pre-match interview with the Mentoring Director
- I agree to participate in an orientation and follow-up trainings, as required.
- I agree to an initial meeting with my mentee, my mentee's parents, and the Mentoring Director.
- I will contact the mentoring director if I have any problems or concerns.
- I understand that my volunteer relationship with City Impact may be terminated at any time for any reason by the initiative of either party.
- I have read, agree with and will abide by City Impact's Statement of Faith and Ministry Standards.
- I have a vehicle that is in working order, a valid driver's license and proper insurance for passengers riding in my vehicle.
- I understand that a home visit and assessment will need to be done before my mentee comes to my home.

I have read the above statements and agree to the contents. To the best of my knowledge and belief, all statements in this application are true and accurate.

Signature _____ Date _____

- Check here if you do **not** wish to have photographs you might be in, or statements that you have made published for the promotion of City Impact.
- Check here if you would like to receive our quarterly newsletter.

Optional \$20 donation would help City Impact defray costs of required background checks. Thank you!



**AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA
ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY**

The State of Nebraska approved this form, any alteration will invalidate it.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: One Source, The Background Check Company –Fax 1-800-929-8117

Please do not use abbreviations

Address and Phone Number: P.O. Box 24148, Omaha, NE 68124—Attn Nick Jasa

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) _____

Signature (applicant)

Date

Current Address: _____
(Street/City/State/Zip)

Applicant Date of Birth

Applicant Social Security Number

**Other names previously used such as former married names, maiden name and nick names.
Please Print.**

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years. Please Print.

