



**C. EDUCATION**

1. \_\_\_\_\_  

High School	Years Attended	Graduate?	Year
-------------	----------------	-----------	------
2. \_\_\_\_\_  

College/University/Tech/Voc. Institution	Years Attended	Graduate?	Degree
--	----------------	-----------	--------

**D. RESIDENCY INFORMATION**

1. How many times have you moved in the past 5 years? \_\_\_\_\_
2. List the past two residences:

				How long there?	
Address	City/State	Zip		From:	To:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**E. PERSONAL HEALTH**

1. Health: Poor\_\_\_ Fair\_\_\_ Good\_\_\_ Excellent\_\_\_  
a) Any physical limitations or special conditions? No\_\_\_ Yes\_\_\_\_\_
b) Are you taking medication on a regular basis? No\_\_\_ Yes\_\_\_\_\_
c) Any known allergies? No Yes\_\_\_\_\_
2. Have you ever sought counseling/therapy or treatment for any reason?  
No Yes: Dates:\_\_\_\_\_ Please explain:\_\_\_\_\_

**F. DRIVER INFORMATION**

1. Do you have a valid driver's license? No\_\_\_ Yes\_\_\_ State:\_\_\_ No.\_\_\_\_\_
2. Do you have your own transportation? No\_\_\_ Yes\_\_\_ Lic. Tag \_\_\_\_\_  
If no, do you have access to transportation? No\_\_\_ Yes\_\_\_ Describe:\_\_\_\_\_
3. Do you have current vehicle insurance as required by Colorado law? No\_\_\_ Yes\_\_\_  
If yes, Insurance Company:\_\_\_\_\_ Policy No.\_\_\_\_\_
4. Please describe your driving record and any offenses for which you were cited:  
\_\_\_\_\_  
\_\_\_\_\_

**G. CRIMINAL JUSTICE SYSTEM INVOLVEMENT**

1. Have you ever been a victim of a crime? No\_\_\_ Yes\_\_\_ If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Have you ever been involved in, investigated, arrested, and/or convicted of an assault?  
No\_\_\_ Yes\_\_\_ If so: When? \_\_\_\_\_  
  
Explain: \_\_\_\_\_  
\_\_\_\_\_
  
3. Have you ever been involved in, investigated, arrested, and/or convicted of a felony or other offense? No\_\_\_ Yes\_\_\_ If so: When? \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_
  
4. Have you ever been involved in, investigated, arrested, and/or convicted of abuse, neglect, or sexual molestation of a minor?  
No\_\_\_ Yes\_\_\_ If so: When? \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_

**H. SUBSTANCE USE/ABUSE**

1. Explain your present use of alcohol and or any drugs: \_\_\_\_\_  
\_\_\_\_\_
  
2. Explain your past use of alcohol or any drugs: \_\_\_\_\_  
\_\_\_\_\_

**I. GENERAL BACKGROUND INFORMATION**

1. Have you ever applied to be (or have been) a Senior Partner before? No\_\_\_ Yes\_\_\_  
If yes, please explain: \_\_\_\_\_
  
2. Describe your past experience with children/youth: \_\_\_\_\_  
\_\_\_\_\_
  
3. What attitudes, values, or beliefs are of special importance to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Please list your interests, hobbies, avocations, or activities you pursue/enjoy: \_\_\_\_\_  
\_\_\_\_\_
  
5. Do you have any special skills, talents, or training you would be willing to share?  
No\_\_\_ Yes\_\_\_ If so, please describe: \_\_\_\_\_

## J. REFERENCES

List four references (one present or past employer, two friends who have known you for at least two years and one relative). If you have recently been, or are currently in counseling/therapy/treatment, please substitute the name of your therapist for one of your friend references.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## STATEMENT OF UNDERSTANDING

I understand that Partners will contact the above listed references and any other person(s) deemed necessary for purposes of determining my suitability to become a Senior Partner. I will provide Partners with: 1) my Central Registry background screening, 2) a copy of my valid driver's license, 3) a copy of my driver's record, and 4) proof of automobile insurance. I agree to notify Partners of any change in my automobile insurance coverage or driver's license status or of any involvement in, investigation, arrest, or conviction of any criminal offense within 7 days of such action. I understand that any misrepresentation of personal information or history could result in termination or non-acceptance as a Senior Partner.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

SENIOR PARTNER  
STATEMENT OF CONFIDENTIALITY

To the Senior Partner:

The information supplied by you on all forms submitted to partners, Inc., as part of the Senior partner application process is strictly confidential. Partners, Inc. may use it in combination with information supplied by other individuals to produce research reports, but NO individuals will be identifiable from any report produced from this information.

Furthermore all information made available to you by Partners, Inc. about Junior Partners during the matching process or during the course of a Partnership Match and any information of which you become aware on your own during the course of a Partnership Match is strictly confidential.

By signing below, you attest that:

1. You are aware that the information you provide to partners will be held in the Strictest confidence that it may be used fir statistical reports of a summary nature, and that your identity will not be disclosed in any way by its use.

AND

2. Any and all information which comes into your possession and knowledge about Junior Partners before or during a partnership match is confidential and may not be shared with anyone, including spouse, other that the staff of partners, Inc.

Name \_\_\_\_\_  
Last First MI

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Reference Form

To: \_\_\_\_\_

From: \_\_\_\_\_

I hereby give my permission to release all pertinent information to Gunnison Valley Mentors - Partners.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Your name has been submitted to Partners-Gunnison Valley Mentors as a reference for the above named volunteer applicant. Gunnison Valley Mentors is a non-profit organization that promotes positive development in youth (referred to as the Junior Partner) who may face certain risk factors. Gunnison Valley Mentors supports the youth in a one-to-one relationship with an adult volunteer (referred to as the Mentor). These youngsters have sometimes been in trouble with the law and/or are experiencing problems at home, at school, or with peers; many are victims of abuse or neglect. We require volunteers to spend at least three hours per week for a minimum of one year with the Junior Partner, working toward personal excellence.*

*We request that you answer the questions below and share any comments/opinions/thoughts you have about the applicant to assist us in determining the applicant's suitability to become a Mentor.*

1. What is your relationship to and how long have you known the above named applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What strengths does this applicant have that might relate to working with a troubled youth?

\_\_\_\_\_  
\_\_\_\_\_

3. What problems might this applicant have in working with a troubled youth?

\_\_\_\_\_  
\_\_\_\_\_

4. Explain how this person copes with stressful situations.

\_\_\_\_\_  
\_\_\_\_\_

5. Explain how this person adapts to differences among people.

\_\_\_\_\_  
\_\_\_\_\_

6. How has this applicant demonstrated commitment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Comment on the stability and dependability of this person. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. What kind of Junior Partner do you see this person working with best? \_\_\_\_\_

---

---

9. Are you aware of any (please circle your response):

- |  |            |           |
|--|------------|-----------|
| * Criminal Convictions of this applicant ?   | <b>YES</b> | <b>NO</b> |
| * Allegations of child abuse or molestation? | <b>YES</b> | <b>NO</b> |
| * Any other offenses?                        | <b>YES</b> | <b>NO</b> |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please describe the applicant's current level of drug/alcohol use.

\_\_\_\_\_

11. Do you feel that this person can fulfill the one year commitment to the Junior Partner?   **YES**   **NO**

12. Does this applicant participate in other community activities or hobbies? Please describe.

\_\_\_\_\_

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Signature:</b> _____ <b>Date:</b> _____
<b>Address:</b> _____
<b>Phone Number:</b> _____

**Please return this form in the enclosed, self -addressed, stamped envelope.**

**Thank you for taking the time to fill out this reference letter.**

\*\*\*\*\*

*For references taken by Phone:*

*Date of the call:* \_\_\_\_\_

*Case Managers signature:* \_\_\_\_\_

Return to Gunnison Valley Mentors:  
101 N. 8<sup>th</sup> Street  
Gunnison, CO 81230    Fax: 970.642.4259



## Reference Form

To: \_\_\_\_\_

From: \_\_\_\_\_

I hereby give my permission to release all pertinent information to Gunnison Valley Mentors - Partners.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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1. What is your relationship to and how long have you known the above named applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What strengths does this applicant have that might relate to working with a troubled youth?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What problems might this applicant have in working with a troubled youth?

\_\_\_\_\_  
\_\_\_\_\_

4. Explain how this person copes with stressful situations.

\_\_\_\_\_  
\_\_\_\_\_

5. Explain how this person adapts to differences among people.

\_\_\_\_\_  
\_\_\_\_\_

6. How has this applicant demonstrated commitment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Comment on the stability and dependability of this person. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



8. What kind of Junior Partner do you see this person working with best? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are you aware of any (please circle your response):

- |  |            |                 |
|--|------------|-----------------|
| * Criminal Convictions of this applicant ?   | <b>YES</b> | <b>NO</b>       |
| * Allegations of child abuse or molestation? | <b>YES</b> | <b>NO</b>       |
| * Any other offenses?                        |            | <b>YES   NO</b> |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please describe the applicant's current level of drug/alcohol use.  
\_\_\_\_\_  
\_\_\_\_\_

11. Do you feel that this person can fulfill the one year commitment to the Junior Partner?    **YES   NO**

12. Does this applicant participate in other community activities or hobbies? Please describe.  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Signature:</b> _____ <b>Date:</b> _____
<b>Address:</b> _____
<b>Phone Number:</b> _____

**Please return this form in the enclosed, self -addressed, stamped envelope.**

**Thank you for taking the time to fill out this reference letter.**

\*\*\*\*\*

*For references taken by Phone:*

*Date of the call:* \_\_\_\_\_

*Case Managers signature:* \_\_\_\_\_

Return to Gunnison Valley Mentors:  
101 N. 8<sup>th</sup> Street  
Gunnison, CO 81230    Fax: 970.642.4259



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To: \_\_\_\_\_

From: \_\_\_\_\_

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Signature

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Date

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\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What problems might this applicant have in working with a troubled youth?

\_\_\_\_\_  
\_\_\_\_\_

4. Explain how this person copes with stressful situations.

\_\_\_\_\_  
\_\_\_\_\_

5. Explain how this person adapts to differences among people.

\_\_\_\_\_  
\_\_\_\_\_

6. How has this applicant demonstrated commitment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Comment on the stability and dependability of this person. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. What kind of Junior Partner do you see this person working with best? \_\_\_\_\_

\_\_\_\_\_

9. Are you aware of any (please circle your response):

* Criminal Convictions of this applicant ?	<b>YES</b>	<b>NO</b>	
* Allegations of child abuse or molestation?	<b>YES</b>	<b>NO</b>	
* Any other offenses?		<b>YES</b>	<b>NO</b>

Comments: \_\_\_\_\_

\_\_\_\_\_

10. Please describe the applicant's current level of drug/alcohol use.

\_\_\_\_\_

11. Do you feel that this person can fulfill the one year commitment to the Junior Partner? **YES** **NO**

12. Does this applicant participate in other community activities or hobbies? Please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Please return this form in the enclosed, self -addressed, stamped envelope.**

**Thank you for taking the time to fill out this reference letter.**

\*\*\*\*\*

*For references taken by Phone:*

*Date of the call:* \_\_\_\_\_

*Case Managers signature:* \_\_\_\_\_

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101 N. 8<sup>th</sup> Street  
Gunnison, CO 81230 Fax: 970.642.4259



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From: \_\_\_\_\_

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Signature

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Date

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\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

5. Explain how this person adapts to differences among people.

\_\_\_\_\_  
\_\_\_\_\_

6. How has this applicant demonstrated commitment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Comment on the stability and dependability of this person. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. What kind of Junior Partner do you see this person working with best? \_\_\_\_\_

\_\_\_\_\_

9. Are you aware of any (please circle your response):

* Criminal Convictions of this applicant ?	<b>YES</b>	<b>NO</b>	
* Allegations of child abuse or molestation?	<b>YES</b>	<b>NO</b>	
* Any other offenses?		<b>YES</b>	<b>NO</b>

Comments: \_\_\_\_\_

\_\_\_\_\_

10. Please describe the applicant's current level of drug/alcohol use.

\_\_\_\_\_

11. Do you feel that this person can fulfill the one year commitment to the Junior Partner?   **YES**   **NO**

12. Does this applicant participate in other community activities or hobbies? Please describe.

\_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Please return this form in the enclosed, self -addressed, stamped envelope.**

**Thank you for taking the time to fill out this reference letter.**

\*\*\*\*\*

*For references taken by Phone:*

*Date of the call:* \_\_\_\_\_

*Case Managers signature:* \_\_\_\_\_

Return to Gunnison Valley Mentors:  
101 N. 8<sup>th</sup> Street  
Gunnison, CO 81230    Fax: 970.642.4259

**Volunteer/ Employment Background Screening Agreement**

Name: \_\_\_\_\_  
Last                      First                      Middle                      Maiden

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
mm/dd/yyyy

Current Local Address: \_\_\_\_\_  
No.                      Street                      Apt/Unit

\_\_\_\_\_ City                      State                      Zip  
E-mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_

How long at this Address? \_\_\_\_\_

Permanent Home Address:  
(If different from above) \_\_\_\_\_  
No.                      Street                      Apt/Unit

\_\_\_\_\_ City                      State                      Zip

Have you lived in Colorado for the past (12) years?                      Yes      No  
If **No**, please list all previous places of residence for the past 12 years.

---

No. Street	City	County	State	From	To
------------	------	--------	-------	------	----

---

No. Street	City	County	State	From	To
------------	------	--------	-------	------	----

*If additional space is needed, please use the back of form.*

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date \_\_\_\_\_  
mm/dd/yyyy

I certify that the above information is true, complete, and accurate and hereby give permission to Gunnison-Hinsdale Youth Services, Inc. dba Partners, to conduct the following background screening: criminal, sexual abuse, and drivers' record. I acknowledge that any attempt on my part to deceive or hide past personal history may preclude my acceptance as a volunteer or employee or result in termination of participation as a volunteer or as an employee if such deception is discovered after acceptance.

---

Legal Signature \_\_\_\_\_ Date \_\_\_\_\_



**COLORADO**

Office of Administrative Solutions

Division of Employment Affairs

Background Investigations Unit  
3550 W. Oxford Ave  
Denver, CO 80236-3108

**Please note:  
Fee decreased to  
\$15.00 effective  
February 15, 2015.**

**INDIVIDUAL REQUEST FOR BACKGROUND INVESTIGATION  
IN THE CONFIDENTIAL CHILD ABUSE/NEGLECT DATABASE**

*Send this request with a check or money order for \$15 payable to CDHS, BIU, and Records & Reports. Mail completed requests to 3550 West Oxford Ave., Denver, CO 80236. Incomplete or unsigned requests cannot be processed and will be returned. Do not send finger print cards. Cash payments will not be accepted.*

Please circle the reason for your request: Employment, Volunteer, Adoption, Foster Care, Other (Please explain) \_\_\_\_\_

(Please print legibly)

Full name of person to be checked: \_\_\_\_\_  
Maiden name and other names used: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Current address: \_\_\_\_\_  
Previous address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

*Please circle one of the following: Spouse, Former Spouse, Parent(s) of your children and provide their information below. Add additional names on back of this form.*

Full name: \_\_\_\_\_  
Maiden name and other names used: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_

*Please provide your children's full name, birthdate and sex. Additional children may be noted on back of this form.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person being checked: \_\_\_\_\_ Date: \_\_\_\_\_

*If you are under 18 years of age, your parent or legal guardian must sign this request.*

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For adoption and foster care, both marriage partners must provide signatures for processing this request.*

**Note: Under penalties of perjury, the information provided is correct and accurate. False or misleading statements may result in criminal prosecution.**

If you want this information released to another party, please complete information below.  
I hereby authorize CDHS to release the results of this background check to:  
Person or Company: \_\_\_\_\_ Attention: \_\_\_\_\_  
Address & Phone: \_\_\_\_\_  
Signature of person being checked: \_\_\_\_\_ Date: \_\_\_\_\_





### Volunteer Process Check List

- Mentor Application Completed
- Signed Statement of Confidentiality
- Completed Background Screen Form
- Check for \$50.00 to **Gunnison Valley Mentors** to process background screening (optional)
- Check for \$10.00 to **City of Gunnison** to issue figure printing services
- Return completed fingerprint card to Partners
- References - Include contact information (name, telephone number and mailing address) for 4 references. Partners staff will contact all references.
- Complete Interview
- Home visit
- Complete Training
- Bring your license and auto insurance cards to be copied by Partners case manager

If you have any questions or concerns please call the Gunnison Valley Mentors office at (970) 641-5513