



### Mentor Application

DATE: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Any children? \_\_\_\_\_

Present Employer / Company \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Position \_\_\_\_\_ How long employed? \_\_\_\_\_ Supervisor \_\_\_\_\_

**List other employment or internships (most recent first)**

Position \_\_\_\_\_ How long employed? \_\_\_\_\_ Reason left \_\_\_\_\_

How many times have you moved in the last 5 years? \_\_\_\_\_

How long have you lived in Colorado? \_\_\_\_\_

**List the past 2 residences (most recent first)**

Address \_\_\_\_\_ City/State \_\_\_\_\_ How long there? \_\_\_\_\_

**Education or Training**

High School \_\_\_\_\_ Years attended \_\_\_\_\_ Graduate? \_\_\_\_\_ Year? \_\_\_\_\_

College/University/Technical Training \_\_\_\_\_ Years attended \_\_\_\_\_ Major \_\_\_\_\_ Grad. Date \_\_\_\_\_

Other? \_\_\_\_\_

Have you ever applied to be (or have been) a Senior Partner before? \_\_\_\_\_

Past experiences with children/youth: \_\_\_\_\_

**Health:** Poor \_\_\_ Fair \_\_\_ Good \_\_\_ Excellent \_\_\_\_\_ Any physical limitations or special concerns? \_\_\_\_\_

Are you taking medication on a regular basis? \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Have you ever sought counseling/therapy or treatment for any reason? \_\_\_\_\_

Dates: \_\_\_\_\_

Please Explain: \_\_\_\_\_

Explain your present use of alcohol or any other drugs: \_\_\_\_\_

Explain your past use of alcohol or any other drugs: \_\_\_\_\_

Do you have a valid Driver's License? Yes: \_\_\_\_\_ No: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_

Do you have your own transportation? Yes: \_\_\_\_\_ No: \_\_\_\_\_ License Plate #: \_\_\_\_\_

If no, do you have access to transportation? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Describe: \_\_\_\_\_

Do you have current vehicle insurance as required by this state's law? \_\_\_\_\_

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please describe your driving record and offenses: \_\_\_\_\_

**I will promptly report to GV Mentors any changes in my insurance coverage or driver's license status.**

Signature

Date

Have you ever been the victim of a crime? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If YES, please explain: \_\_\_\_\_

Have you ever been involved, investigated, arrested, and/or convicted of an assault? \_\_\_\_\_

If YES, when: \_\_\_\_\_

Please explain: \_\_\_\_\_

Have you ever been involved, investigated, arrested, and/or convicted of a felony or any other offense?

If YES, when: \_\_\_\_\_

Please explain: \_\_\_\_\_

Have you ever been involved, investigated, arrested, and/or convicted of child abuse, neglect or sexual molestation of a minor? \_\_\_\_\_

If YES, when: \_\_\_\_\_

Please explain: \_\_\_\_\_

Please list four references :

- 1) **Relative** (known most of life)
- 2) **Employer/Professional**
- 3) **Friend** (spouse or significant other if applicable, known at least 2 years)
- 4) **Friend** (counselor/therapist if applicable, or friend known at least 2 years)

Name	Complete Mailing Address (Street, City, State & Zip Code) and Email Address	Phone #	Relationship	Years known

What attitudes and beliefs are of special importance to you?

Please list interests, hobbies, and activities that you pursue.

I understand that Gunnison Valley Mentors will contact the above listed references, any other persons deemed necessary, and will complete a thorough investigation compiling information on me that includes, but is not limited to: my character, personal characteristics, mode of living, general reputation, criminal history, academic credentials, employment history, work habits, job performance, experience and reasons for termination, education, qualifications and motor vehicle driving record. I will provide Partners with proof of automobile insurance and driver's license. I understand that misrepresentation of personal information or history at any time could result in termination or non-acceptance in the GV Mentors Program. I understand that the GV Mentors organization reserves the right to decline volunteers or terminate their volunteer status at any time. A decline is not meant to be a reflection of the personal character of an individual, or of our perception of their ability to volunteer in another setting. GV Mentors staff accepts or declines volunteers based on all the information gathered in the screening process and for reasons of confidentiality and liability will not share this information or reasons of denial with any applicant.

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Signature

Date



**Gunnison Valley Mentors Reference Form**

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Your name has been submitted to 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



**Gunnison Valley Mentors Reference Form**

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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> _____	

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

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

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Fax: 970.642.4259



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Signature

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

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\_\_\_\_\_

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?                   **YES**    **NO**
- \* Allegations of child abuse or molestation?               **YES**    **NO**
- \* Any other offenses?   **YES**    **NO**

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

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| * Any other offenses?                        | <b>YES</b> | <b>NO</b> |

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

\_\_\_\_\_

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\_\_\_\_\_

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> _____	

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Gunnison, CO 81230  
Fax: 970.642.4259

GUNNISON VALLEY MENTORS

MENTOR  
STATEMENT OF CONFIDENTIALITY

To the Mentor:

The information supplied by you on all forms submitted to Gunnison Valley Mentors as part of the Mentor application process is strictly confidential. GV Mentors. 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 GV Mentors 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 Gunnison Valley Mentors will be held in the strictest confidence that it may be used for 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 than the staff of Gunnison Valley Mentors.

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

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

**Volunteer/ Employment Background Screening Agreement**

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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.*

Drivers 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, Gunnison Valley Mentors, 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.

Blank lines for children's information

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:



**VECHS WAIVER AGREEMENT AND STATEMENT**

**Volunteer and Employee Criminal History Service**

For criminal history record information pursuant to the *National Child Protection Act of 1993 (NCPA)*, as amended by the *Volunteers for Children Act (VCA)*, and the *Adam Walsh Child Protection and Safety Act of 2006*

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective applicant, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize \_\_\_\_\_  
*Name of Qualified Entity*

to submit a set of my fingerprints to the Colorado Bureau of Investigation (CBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I understand that I would be able to receive any Colorado records pursuant to 24-72-305.3 C.R.S. from the CBI, and any national criminal history record received by the requesting agency from the Federal Bureau of Investigation (FBI) pursuant to Title 28 Code of Federal Regulations (CFR) Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Colorado and national criminal history record that may pertain to me to the qualified entity.

I understand that, until the criminal history background check is completed, the qualified entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the qualified entity will provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a timely determination as to the validity of my challenge before a final decision is made.

\_\_\_\_ Yes, I have (OR) \_\_\_\_ No, I have not been convicted of or plead guilty to a crime.  
If yes, please describe the crime(s) and the particulars:

I am a current or prospective (circle one): Applicant / Employee / Volunteer / Contractor or Vendor

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

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

To Be Completed By Qualified Entity:

Entity Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Note: This document must be retained by the agency / qualified entity for audit purposes.

CO VECHS

8/15/16 TM



## 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 ( Voluntary Donation)
- Check for \$10.00 to **City of Gunnison** to issue figure printing services
- Complete fingerprints at **910 Bidwell Ave.**, Gunnison
- Return completed fingerprint card to Gunnison Valley Mentors
- References - Include contact information (name, telephone number and mailing address) for 4 references. GV Mentors 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 GVM office (970)641-5513