

JUMP for Kids Mentor Application Form

Applications are to be sent directly back to:

Jill McKinstrey
JUMP for Kids
404 Washington
Pella, Iowa 50219

Jill.McKinstrey@JumpForKids.org

Please
attach a
photo

JUMP for Kids Mentor Application

(please print)

Name: _____
first middle or maiden last

Address: (if Central student, please include PO box)

Phone and/or cell phone: _____

Email address: _____

Please list addresses you have lived in the past 10 years other than present address

Birthdate: _____ Age: _____ Sex M F Race: _____

Employer/College: _____ Phone: _____

Marital Status: Single Married Divorced Widowed Co-habiting

Spouse or Significant Other's Name: _____

Number of years married: _____ Number of Children: _____

(If Student) This is my _____ year in college.

(If Student) Home Address: _____

(If student) Parent(s) name and phone number: _____

Are you affiliated with a church? Yes No Name _____

Have you been involved with JUMP or another mentoring program before?
Yes No

If YES, where and how long were you involved with the program? _____

If you have mentored through JUMP for Kids before, who was your match?

List your present or previous affiliations (clubs, organizations, church or recreational groups you belong to, especially involving youth.)

Please list any experiences you have had working with children Kindergarten through 8th grade (i.e. coach, camps, tutoring)

List hobbies and recreational interests

Employment Record (Employer and dates) and/or schooling record (institutions and dates) over the past five years

Please list the three people from who we will receive a letter of reference

1. _____
Name phone (home) (work)
2. _____
Name phone (home) (work)
3. _____
Name phone (home) (work)

JUMP for Kids Policy on Maltreatment of Minors

JUMP for Kids will not tolerate any behavior, by employees or volunteers which physically abuses, sexually abuses, neglects, or provides improper role models for children. Examples of the type of conduct prohibited by JUMP include the following:

- Any display or demonstration of sexual attraction, sexual advances or sexual activity of any kind between JUMP staff/board/mentor/volunteer.
- Use of the JUMP name, publications, facilities or activities as vehicles for public or private promotion of sexual orientation or practice.
- Infliction of sexually abusive behavior upon children, including sexual touching and bodily contact, exhibitionism, voyeurism, and/or involvement of children in activities or materials of a sexual nature.
- Infliction of physically abusive behavior on children.
- Physical neglect of children, including failure to provide adequate safety measures, care, and supervision relating to JUMP activities.
- Emotional maltreatment of children, including verbal abuse and/or verbal attacks.
- Overt display of sexual activity between and/or among JUMP staff/board/mentor/volunteer.

Any JUMP mentor/staff/ board member/volunteer engaging in any such activity will be terminated immediately. Any mentor found to have neglected or physically, emotionally or sexually abused a child, and/or willfully provided an inappropriate role model for a child will be subject to immediate discharge.

JUMP mentees will be informed of the following definition of inappropriate contact.

- A person's private parts are the parts of their body covered by a swimsuit and underwear.
- No one is allowed to touch your private parts, no matter what. It's not ok.
- No one is allowed to show you their own or anyone else's private parts, or touch you with their own private parts, no matter what. It's not ok.

School counselors and/or JUMP director will inform parents and mentee of reporting protocol if inappropriate contact does occur.

If a mentee initiates inappropriate contact, please state that this is inappropriate and take the mentee home immediately. Please then contact the JUMP director.

Ethical Standards Statement

I promise to protect against and prevent child abuse, whether physical or emotional, through my own actions and involvement in JUMP and by reporting any suspected occurrences of child abuse to the appropriate authorities. I promise to conduct myself in a responsible manner while with any JUMP mentee,

and to strive to insure his or her safety in my presence. I will respect the rights of the mentee and his or her parent/guardian above my own personal needs and interests.

In addition, no one affiliated with the JUMP program, shall use his or her position with the agency, or his or her knowledge of the organization or its plans, for personal profit for himself or herself, family, friends, or any outside interests with which he or she may be affiliated or have an investment.

I understand and agree to adhere to this policy.

Signature _____ Date _____

Have you ever been:

Yes___ No___ Charged or convicted of a crime?

Yes___ No___ Ticketed for careless, reckless, or DWI violations?

Yes___ No___ Subjected to revocation of Driver's License?

Yes___ No___ Involved in criminal sexual misconduct?

Yes___ No___ Charged with child abuse or neglect

If any answer is yes, please explain below.

Signature _____ Date _____

Release

I hereby release and discharge JUMP for Kids, JUMP staff and the JUMP Board of Directors from any liability relating directly or indirectly to my participation in the JUMP for Kids program.

Signature _____ Date _____

Commitment Agreement

I understand that as a JUMP mentor I am committing myself to no less than (1) one hour per week contact with my JUMP mentee.

If for any reason I cannot fulfill this commitment I promise to contact the JUMP director or a member of the JUMP Board of Directors promptly and to inform my JUMP mentee and his/her parent/guardian.

Signature _____ Date _____

Confidentiality agreement

As a mentor of JUMP for Kids, I hold in high esteem the right of my JUMP mentee to the protection of his/her privacy. I agree to protect the confidentiality of my JUMP mentee.

Signature _____ Date _____

Background Investigation and Exchange of Information Release

I understand that as part of the process of applying to become a JUMP mentor, JUMP for Kids will investigate my background (child abuse registry, driving record and criminal history/record) and check my character references. I thereby authorize any herein named persons, and local and state agencies (employers, former employers, counselors, teachers, friends, neighbors, military, doctors, schools, police, courts, health and social services and the like), to release any information requested by JUMP relevant to my mentor candidacy.

Acceptance into the program does no guarantee that a match can or will be made. Any information obtained through this application process, and deemed, by the JUMP board to be relevant to my appropriateness as a volunteer of a particular child, may be communicated to the parent/guardian of that child. I understand that I will receive similar relevant information about the background and family of any child I am being considered for a match with, as deemed appropriate by the JUMP staff. Also, the match may be terminated at any time by the JUMP staff or the JUMP mentor.

I have read and understand the above and give my permission for the background investigation and exchange of information I have provided as it pertains to the match process. I certify that all the information in my application is true and accurate. I understand that any misrepresentation of personal information or history may result in non-acceptance or termination from the JUMP program.

I understand that this release consent can be revoked by me with written notice.

Applicant's Signature _____ Date _____

Responsibility

I understand that while my JUMP mentee is in my care, I am responsible for his/her safety.

Applicant's Signature _____ Date _____

Transportation

Do you have access to a car? Yes No

Car belongs to: _____

Do you have a valid driver's license? Yes No State _____ Year _____

Driver's license number _____

License plate # _____ Model _____ Color _____

Do you have current vehicle insurance as required by state law? Yes No

Name of Insurance Company _____ Policy # _____

Has your car insurance ever been canceled? Yes No

If yes, reason? _____

Have you had any moving violations or accidents in the last 5 years? Yes No

Please describe

Completion of this section of the application is OPTIONAL

It is especially helpful to us when we are matching kids with particular stressors in their lives to know if a particular mentor has some sensitivity and experience in the related area of concern. Therefore, it would be helpful if you could provide us with this additional CONFIDENTIAL information.

Place a letter beside any of the following situations with which you have had experience.

Use a Y if you experienced this

Use an R if it was a close relative

Use an F if it was a friend

Any additional information you wish to provide us regarding any of these situations may be noted below or shared during your interview. This information is kept confidential

- _____ Parents divorced/separated
- _____ Death in the family
- _____ Alcohol/drugs
- _____ Abuse (physical, sexual, verbal)
- _____ Long term illness (i.e. cancer)
- _____ Numerous moves
- _____ Single parent household
- _____ Handicaps/severe injury
- _____ Poverty/homelessness
- _____ Adoption
- _____ Depression
- _____ Step family situation

Describe your current level of alcohol use _____

Do you smoke? _____