



## Granite Falls School District Mentoring Program

Mentor one child, change two lives

Dear Volunteer,

Thank you for your interest in the Granite Falls School District Mentoring Program. Our mentoring program focuses on students from Monte Cristo, Mountain Way, and the Middle School, grades 4<sup>th</sup> through 8<sup>th</sup>. Your commitment to our program would be 30/50 minutes a week spent with one student for the duration of the school year, potentially longer.

In this packet you find a description of what the volunteer process and structure looks like as well as some quick tips about mentoring. Also you will find a volunteer application. With the volunteer application we ask that you fill out a Washington State Patrol form, so that we can conduct a state patrol check as well as a federal background check. Also we ask for a **copy of your driver's license** so that we can conduct the background checks.

As soon as we get the completed application back we can start the process towards matching you with a student. There is a volunteer interview along with a volunteer training that needs to take place before we can match you with a student. There is no exact time frame for this process but please know that we will do the best we can to move quickly through this part so that you can start positively impacting the life of a student in our program.

If you have any questions or concerns please contact Jeanette Harney at (360) 283-4353  
(jharney@gfalls.wednet.edu)

Jeanette Harney  
Prevention Specialist  
Mentoring Coordinator  
jharney@gfalls.wednet.edu  
360-283-4353



# How does the Mentor Program Work?

\* Students, in grades 4<sup>th</sup> – 8<sup>th</sup>, are selected for the program based on teacher and counselor recommendations.



\* Parents give permission for students to be matched with a mentor.

\* Volunteers from the community are recruited, screened and trained.



~ This process includes an application, an interview, a two hour pre-match training, two background checks, and three reference checks.

\* Volunteer mentors are matched for one on one time with a student.

\* Each mentor/mentee pair meet once a week at the school for approximately 30-50 minutes, depending on the age of the student. These meetings last the duration of the school year.

Summer activities are optional.

\* Counselors and teachers are available to answer questions and address concerns as needed.

\* Mentor newsletters will be sent out to you throughout the year with helpful hints and ideas on mentoring.



\* Duration of matches varies depending upon the willingness and availability of the mentors and the interest and needs of the student.

# What do Mentors Do?

**Mentors meet once a week at school and interact one on one with their student in a public area of school . Mentors are asked to stay with the program for one academic year, to keep confidences the student imparts to him, and to keep appointments with the student. Consistency is the key! This mentoring relationship may be the only stable relationship with an adult that the child knows. It has been shown that successful adults who have overcome the odds of an abused or neglected childhood can point to some adult who cared somewhere in childhood.**

## **Listens:**

The most important function of the mentor may be to listen. Many young people do not have anyone who is willing and able to listen to what they have to say.

## **Coaches:**

Giving advice and providing feedback are important as a young person takes on new challenges. Coaches give praise for a job well done, encouragement when the going gets tough, and constructive criticism when changes need to be made. It is always easier to deal with the negatives when you know there are some positives.

## **Educates:**

While it may be easier to do things for a young person who is struggling with a problem, the young person will benefit greater if he is taught how to handle the problem himself. One way to empower young people is to teach them the skills to take care of themselves.

## **Role Models:**

Mentors can help their students develop values , standards and goals by allowing themselves to be seen as “real people” and by sharing personal beliefs and values. Mentors may also introduce or expose their students to others whom they hold in high regard.





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## MENTOR APPLICATION

### Granite Falls School District Mentoring Program

307 N Alder Ave, Granite Falls, WA 98252 • (360) 283-4353 • Fax (360) 283-2673

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FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ MAY WE CONTACT YOU DURING WORK HOURS?: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_

*SS# will be blacked out from application once Federal Background Check is Issued.*

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### REFERENCES:

Please provide us three references. We are contacting them to speak about your personal character, dependability, and appropriateness for working with youth.

FIRST AND LAST NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TYPE OF RELATIONSHIP: \_\_\_\_\_ LENGTH OF RELATIONSHIP: \_\_\_\_\_

FIRST AND LAST NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TYPE OF RELATIONSHIP: \_\_\_\_\_ LENGTH OF RELATIONSHIP: \_\_\_\_\_

FIRST AND LAST NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TYPE OF RELATIONSHIP: \_\_\_\_\_ LENGTH OF RELATIONSHIP: \_\_\_\_\_

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## Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor?
2. Do you have any previous experience volunteering or working with youth? If so, please specify.
3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
4. Can you commit to participate in the Granite Falls School District Mentoring Program for a minimum of one year from the time you are matched with a youth?
5. Are you available to meet with a child once per week? Please explain any particular scheduling issues.
6. How would you describe yourself as a person?
7. How would your friends, family, and co-workers describe you?
8. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?
9. Are you willing to attend an initial mentor training session and at least two Coffee Chats per year after being matched?



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## **Please read this carefully before signing:**

GFSD Mentoring Program appreciates your interest in becoming a mentor. Please initial each of the following:

\_\_\_\_\_ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ I understand that GFSD Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_ (optional) I agree to allow GFSD Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license
- Washington State Patrol Form
- Interest Survey Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

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**Signature**

**Date**



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## Mentor Interest Survey

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete all the following. This survey will help New Insights Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentee? Please check all that apply.

Weekdays: \_\_\_ Lunchtime: \_\_\_ After school: \_\_\_ Evenings: \_\_\_ Weekends: \_\_\_ Other: \_\_\_

Please indicate age group(s) and/or you are interested in working with:

Age : \_\_\_11–14 \_\_\_15–18 \_\_\_19–21 Ethnicity: \_\_\_\_\_

Do you speak any languages other than English? If so, which languages?

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with. \_\_\_\_\_

What are some favorite things you like to do with other people?

What are your favorite subjects to read about?

What is your job and how did you choose this field?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

# WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO Box 42633, Olympia, WA 98504-2633

## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

### A REQUESTING AGENCY/ADDRESS

**Granite Falls School District**  
Agency   
Mentor Program/Jeanette Harney  
Attn.  
**307 North Alder Avenue**  
Address  
**Granite Falls, WA 98252**  
City/State/Zip

I certify this request is made pursuant to and for the purpose indicated

Teresa Nickerson 09/25/08  
Authorized Signature Date  
Program Director  
Title

### B PURPOSE

- ESD/School District Volunteer - no fee  
 Non-Profit Busn./Org. - no fee  
(Excluding Schools & ESD's)  
 Profit Business/Org. - \$10  
 Adoptive Parent - \$10

#### Fees:

Make payable to **Washington State Patrol**  
by cashier's check, money order, or  
commercial business account.

**NO PERSONAL/CERTIFIED CHECKS  
ACCEPTED.**

### C APPLICANT OF INQUIRY

Applicant's Name: \_\_\_\_\_  
Last First Middle  
Alias/Maiden Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year  
Driver's Lic. Number/State: \_\_\_\_\_ / \_\_\_\_\_

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050

### D

## IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

(THIS PORTION MAILED BY REQUESTING AGENCY)  
As of this date, the applicant named below shows no evidence  
Pursuant to RCW 43.43.830 through 43.43.845.

WSP Use Only

**Granite Falls School District**  
Requesting Agency

x  
Applicant's Signature

x  
Applicant's Name

x  
Address

x  
City/State/Zip

3000-240-430 (3/93)

Valid Two Years From Issue

Right Thumb Print Optional

Please complete reverse side

—————→

Granite Falls School District  
**APPLICANT DISCLOSURE FORM**

Pursuant to Chapter 43.43.830 RCW (Revised, 1990)

In accordance with RCW 43.43.830, applicants and prospective volunteers are required to complete this disclosure form. In addition, applicants who have been offered employment or volunteer assignments as outlined in said law, will be required to complete a Request for Criminal History form, possibly including fingerprinting. These requests will be forwarded to the Washington State Patrol for disclosure of any applicable charges or finding. Applicants may be employed on a conditional basis pending completion of such background investigation. Volunteers will be retained on the same conditional basis.

Answer yes or no to each listed item. If the answer is yes to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as assault; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; pornography; selling or distributing erotic material to a minor, custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future?

**Answer** \_\_\_\_\_ **If yes, explain below.**

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2. Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

**Answer** \_\_\_\_\_ **If yes, explain below.**

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3. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

**Answer** \_\_\_\_\_ **If yes, explain below.**

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4. Have you ever been found in a disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

**Answer** \_\_\_\_\_ **If yes, explain below.**

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Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that my continued employment is conditional upon the fingerprinting and background checks that the Granite Falls School District will conduct.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date