



Dear Potential Mentor:

Thank you for your interest in being a Mentor with the Big Buddies Mentoring Program. The children we serve are among the most at risk in our community and are very much in need of the support and love from a Christian adult. I have often noticed that mentors learn as much from the children as the children learn from them.

The following pages will lead you through the application process in becoming a mentor. I understand that much is required of you, and my prayer is that you will not get discouraged - the requirements are there to protect both you and the child. If you have any questions regarding the following pages, please contact Pastor James Rey at the Calvary SLO church office at **805-543-8516, ext. 1**.

It is important to remember that this ministry involves a high level of maturity and commitment, and it may not be the ministry that is best for you. As a Pastor, my desire is to help you find your place in service to God. As we seek to minister to these children, we reserve the right to place, or not to place, you as a Big Buddies Mentor. Let us seek His will together for your life, as well as for the lives of these precious children. Once the screening process is complete, we will equip you with a 4-hour training, which will provide all the necessary information and answers to many of your potential questions.

God bless you,

James Rey
Calvary SLO Associate Pastor
Program Director



APPLICATION PROCESS

Complete application and return all necessary documents to the Calvary SLO church office.

Read and sign the following attached forms and return to the church office:

- Oath of Confidentiality
- Child Abuse Reporting Oath
- Activity Safety Policy
- Reference Check Authorization
- Criminal Record Affidavit
- Mentor Code of Ethics

Supply references from a Pastor/Elder, Ministry Leader, and Personal acquaintance.

Set up an interview with the Mentor Program Supervisor when the above information is complete and approved.

Provide a copy of your DMV record (cost of \$5.00). Available at the following DMV locations:

San Luis Obispo 3190 South Higuera
Paso Robles 841 Park Street
Also available at www.DMV.ca.gov (a convenience fee is added).

Complete Live Scan Fingerprinting and Child Abuse Index at the following locations. Return the second copy of your fingerprinting to the church office. Please call ahead for an appointment at any of the following locations. Bring your photo I.D. and payment. Prices vary depending on location; County Office of Education is the least expensive.

Paso Robles Police Dept.	840 10th Street, PR	237-6464
Atascadero Police Dept.	5505 El Camino Real, AT	461-5051
County Office of Education*	Highway 1 (by Cuesta College)	782-7236
Arroyo Grande Police Dept.	200 Halcyon Rd, AG	473-5100

Provide the church office with a copy of your Driver's License.

Provide the church office with proof of car insurance.

* Most likely the lowest cost.



CONFIDENTIAL VOLUNTEER APPLICATION

PERSONAL INFORMATION:

Name: _____ T a i d e n Name: _____
 (First) (Middle) (Last)
 Home Address: _____ City: _____ Zip: _____
 DOB: _____ Gender: _____ U n c e: _____
 Religion: _____ Marital Status: (check one) S M D SEP W
 Spouse Name: _____ Number of Children: (in household) _____
 Home Phone: () _____ Cell: () _____ Email: _____
 S.S.N.: _____ Driver's License: _____ U n c e: _____
 Emergency Contact: _____ Phone: () _____

EMPLOYER INFORMATION:

Employer: _____ Occupation: _____ Year(s): _____ Month(s): _____
 Employer Address: _____ City _____ : _____ Zip: _____
 If less than 6 months, previous employer:
 Employer Address: _____ City _____ : _____ Zip: _____

EDUCATION:

High School Attended/City/State: _____ Graduation Date: _____
 College Attended/Years: _____ T a j o r: _____ Graduation Date: _____
 Other Colleges/Post Graduate/Years: _____ T a j o r: _____ Graduation Date: _____
 Any classes of continued education related courses: _____

COMMUNITY SERVICE:

Organizations/Memberships: _____
 Volunteer Experience: _____
 Hobbies, Interests, Special Skills: _____
 Ever been ordered to do Community Service? Yes No (If Yes, please explain) _____

TRAFFIC VIOLATIONS/CRIMINAL HISTORY

Driver's License ever revoked? Yes No Auto Insurance Canceled? Yes No
 Any Arrests? Yes No
 If Yes for any of these, please explain: _____

MENTAL HISTORY

Have you ever been in counseling/psychological treatment? Yes No (If yes, please explain) _____
Where, when, and for what reason? _____

Are you currently seeing a Counselor/Psychologist/Psychiatrist? Yes No (If yes, please explain) _____

Do you expect any life changes (family, job, residence) within the next year? Yes No (If yes, please explain) _____

MEDICAL HISTORY

Have you taken any medications in the past? Yes No _____
Please list any medications you are currently prescribed: _____

REFERENCES

Please list the names of 4 individuals who have known you for at least 1 year (if possible), especially those who have seen you interact with children. The 4 individuals must include: a. Pastor/Elder from your church, b. Ministry Leader in your church, c. Employer within the last 2 years, and d. Personal Reference other than a family member. Please list the names, addresses, and telephone numbers of the references you supply.

Name:	Relation:	Address/City/Zip:	Phone:
1.			
2.			
3.			
4.			

Do you have your own transportation, or do you have access to a vehicle which you are insured to drive? Yes No

Why do you want to become a mentor? _____

Any information you have provided above and here after will be held in strict confidence by the Coordinators of Big Buddies Mentoring Program. All forms completed and signed become the property of Big Buddies Mentoring Program. Any information you provide, (or withhold), that is found to be false or misleading, will be grounds for disallowing your participation in the mentoring program. Completion of the application process is not a guarantee of acceptance as a mentor with the Big Buddies Mentoring Program.

This application is my commitment to become a volunteer of the Big Buddies Mentoring Program.

(Printed Name)

(Signature)

(Date)



CRIMINAL RECORD AFFIDAVIT

Have you ever been convicted of a crime (exclude any minor traffic violations)?

Yes

No

If yes, please give details on the back of this page indicating the nature and circumstances of each crime, the date, and location in which each crime occurred.

You must disclose any conviction(s), including reckless and drunk driving even if:

- The conviction(s) happened a long time ago.
- The conviction(s) was a misdemeanor.

- The conviction(s) did not require a court appearance.

- No jail time was required or the sentence was only a fine or probation

- You received a certificate of rehabilitation

- The conviction was later dismissed, set aside, or suspended.

I, _____, declare under penalty of perjury that I have read and understand the information contained in this affidavit and that my responses and accompanying attachments are true and correct.

Volunteer Signature

Date



CONFIDENTIALITY AGREEMENT

It is important for Mentors to protect the children they are mentoring and their families from potential problems associated with their personal information and situation being shared. These families are entrusting us with delicate and very personal information, and thus, we should do our best to protect and respect their privacy. Please use discernment with others before sharing any information about families within the program.

I, the undersigned, hereby agree to keep private the personal information concerning the child I mentor and the information about his/her family, except when necessary within the Big Buddies Mentoring Program.

Volunteer's Signature

Date



CHILD ABUSE REPORTING AGREEMENT

I understand that as being a part of this program, I may observe a situation where the safety and well-being of the child I am mentoring may appear to be compromised in some way or another. These may include instances of physical or verbal abuse, neglect or something similar that places the child at risk. You do not have to investigate these situations yourself. However, you are required to do the following:

The law does not mandate volunteer mentors to report suspected cases of child abuse. However, the Big Buddies Mentoring Program requires that its Mentors report suspected child abuse witnessed/heard while mentoring to a Pastor immediately, who will in turn assess the situation. If necessary, a Pastor will commence an appropriate process with the Department of Child Protective Services.

I, _____, (Please print name) have read and understand the requirements outlined above and will comply with those provisions.

Volunteer Signature

Date



ACTIVITY SAFETY POLICY

We seek to provide safe environments for the children we serve through adherence to the following guidelines:

The Physical Activities listed below are appropriate, but only with appropriate safety procedures:

1. Skateboarding (knee pads, elbow pads, wrist guards, and helmets).
2. Rollerblading (knee pads, elbow pads, wrist guards, and helmets).
3. Cycling (helmet).
4. Horseback-riding (helmet).
5. Swimming in a pool or lake (Lifeguard must be on duty).
6. Surfing, Boogie Boarding, and Body Surfing (Lifeguard must be on duty).
7. Kayaking, Sailing, Boating, Rafting, Water Skiing, and other such water sports (Parent/ Guardian must sign the rental agreement of the company if the craft is being rented. Child and Mentor must wear certified, Coast Guard Approved, life jacket).
8. Wrestling (must be in a gym with appropriate gear, padding, and supervision).

**Parent/Guardian signs below to allow the child to participate in these activities.*

Vehicle Safety

9. Every person in the car must wear a seat belt.
10. Do not try to physically handle a child while driving. If physical contact is necessary, pull over and away from traffic.
11. Do not drive while talking on or operating a cell phone.
12. Be sure your child understands the rules of behavior while driving.

**The Mentor agrees to abide by all speed limits and traffic laws while transporting any client.*

The Mentor and Parent/Guardian must agree upon appropriate activities **prior** to participation. Safety has many variables. It is important that common sense is used. Plan your activities in advance to give yourself time to evaluate any possible dangers or obstacles to safety. If you have any questions, talk with your Mentor Program Coordinator or Pastor.

By signing below you are agreeing to follow this safety policy set by Big Buddies Mentoring Program. As the Parent/Guardian, you are agreeing for your child to participate in these activities and understand that changes may be made at this time if any activities are questionable.

Parent's/Guardian's Signature

Date

Child's Signature

Date

Mentor's Signature

Date

Big Buddies Representative's Signature

Date



MENTOR CODE OF ETHICS

1. Big Buddies Mentors (BBMs) conduct themselves with the utmost Christ-like behavior. They are committed to loving and caring for the children placed in their care with the love and compassion of Christ.
2. BBMs do not deliberately do harm to a child, either physically or psychologically. They do not verbally assault, ridicule, attempt to subjugate or endanger a child, nor do they allow other children or other Mentors to do so.
3. BBMs urge positive change in the lives of children only on the behalf and in the interest of promoting growth and interdependence in the community.
4. BBMs remain aware of their skills and limitations. They do not attempt to counsel or advise children on matters not within their knowledge or expertise.
5. BBMs do not have any sexual or financial relationships with current or former children of the program.
6. BBMs maintain the privacy of their child and their family.
7. BBMs work as a team and cooperate with others within their program and with other churches involved in the program. Mentors support group decisions in their program and freely share appropriate information with other Mentors.
8. BBMs understand that it is their responsibility to follow all laws of the land.
9. BBMs understand that it is their responsibility to seek clarification and guidance from their Program Representative and/or their Pastor if they are unclear about any of the concepts of the application of this code of ethics.

I have read and understand the Big Buddies Mentoring Program Code of Ethics and agree to fully comply with the contents thereof as indicated by my signature below.

Name (Please Print)

Signature

Date



EMPLOYMENT VERIFICATION/ REFERENCE CHECK AUTHORIZATION

Please read carefully. This form is an authorization for Big Buddies Mentoring Program to obtain information about your employment history.

Big Buddies Mentoring Program will ask the following questions:

13. What are his/her dates of employment?
14. What was the position s/he held?
15. What were his/her duties?
16. Is s/he eligible to be re-hired? yes / no
17. Was it a voluntary or involuntary termination?
18. What is his/her attendance history
19. Do you have any complaints?
20. Describe this applicant's strengths, or what you admire about the applicant.
21. Is the applicant reliable?
22. How have you seen him/her deal with difficult situations?
23. Has the applicant ever demonstrated any violent tendencies?
24. Has the applicant ever been dishonest?
25. Do you consider this applicant's qualifications and character such that you could recommend them as a Mentor for Big Buddies Mentoring Program?
26. How would you imagine him/her participating in a team setting?
27. Do you have any reservations about recommending this applicant?
28. What was his/her over all performance?

By signing below, you are authorizing Big Buddies Mentoring Program to obtain the answers to the above questions. You are also authorizing your previous/current employer to provide answers to these questions to the best of his/her ability in a manner that is honest and fair. By signing this authorization, you are also releasing Big Buddies Mentoring Program, Calvary SLO, and the releasing organization of all liability. It is the desire of the Big Buddies Mentoring Program to use this information for legitimate ministry purposes, and it will be kept private.

Print Name

Signature

Date



Ministry Leader Reference Form

Church Leader Name: _____ Church: _____ Phone: _____
 Email: _____ Name of Applicant: _____

TO THE APPLICANT: *Please provide a stamped envelope addressed to the church office for the person filing the reference.*

I willingly waive my right of access to see this recommendation knowing that this waiver is NOT required as a condition for approval.

Date: _____ Applicant's Signature: _____

**Dear Church Leader, thank you for your time and efforts to answer the following questions to the best of your knowledge. The Big Buddies Mentoring Program carefully considers each applicant who applies to be a Mentor to an at-risk youth. Your comments help us tremendously in this application process as we are striving to match these precious children with mature believers who will serve them with compassion and love.*

Please circle or write in your answer to the following questions. *Please omit those about which you have insufficient knowledge to form an opinion.

1. How long have you known the applicant? _____ years _____ months
 a. What is your relationship to the applicant? _____
 b. How well do you know the applicant?

1	2	3	4	5
Not well at all	Fairly well	Moderately well	Well	Very Well

2. How involved is the applicant in your church?

1	2	3	4	5
Not at all	Somewhat	Moderately	Involved	Very Involved

If involved, what areas are they involved in? (e.g. weekly attendance of services, ministry participant, etc.?)

3. How would you describe the applicant's personal spiritual life and Christian witness?

4. I would feel comfortable with the applicant serving in my church's Children's Ministry.

Strongly disagree	Disagree	Moderate Agree	Strongly agree
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5. In what environments have you seen the applicant interact with children?

6. T@ applicant: _____

a. ... works well in a team setting.

Strongly disagree	Disagree	Moderate Agree	Strongly agree
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b. ... is able to work effectively and comfortably with children.

Strongly disagree Disagree Moderate Agree Strongly agree

c. ... is reliable and responsible.

Strongly disagree Disagree Moderate Agree Strongly agree

d. ... is punctual

Strongly disagree Disagree Moderate Agree Strongly agree

e. ... follows through with their commitments

1

Strongly disagree Disagree Moderate Agree Strongly agree

f. ... is able to problem-solve well

Strongly disagree Disagree Moderate Agree Strongly agree

7. Are you aware of anything in the applicant's moral character or background which would give anyone reason to question the example they set to a child/family? (e.g. any concerns in regards to working habits, relationships, drugs & alcohol). If yes, please explain.

8. What do you observe as the applicant's greatest strengths/gifts and weaknesses?

9. Do you have any reservations about recommending this applicant? Any additional comments that you think would be helpful?

Please return this form in the addressed envelope provided as soon as possible to our church office. Thank you again for your time and efforts.

Ministry Leader's Signature

Date



Personal Reference Form

Applicant: _____

Reference Name: _____ Address: _____

TO THE APPLICANT: *Please provide a stamped envelope addressed to the church office for the person completing the reference. I willingly waive my right of access to see this recommendation knowing that this waiver is NOT required as a condition for approval.*
Date: _____ Applicant's Signature: _____

1. How long have you known the applicant? What is your relationship to the applicant?
How well do you know the applicant?

2. Describe this applicant's strengths, or what you admire about the applicant.

3. How have you seen the applicant work with children? Please comment on how they work with children in regards to limit setting, and relationship building.

4. How have you seen them deal with difficult situations? Explain.

5. Are you aware of anything in the applicant's moral character or background which would give anyone reason to question the example they set to a child/family? (e.g. any concerns in regards to working habits, relationships, drugs & alcohol) Explain.

6. How would you see them participating in a team setting (with social worker, child, parents...)? Would they be reliable, on time, helpful, and objective?

7. What in your opinion are the greatest strengths of the applicant?

8. Has the applicant ever demonstrated any violent/aggressive tendencies? Explain.

9. Would you allow this applicant to work with your own children (If you are not a parent, if you had children)? Explain.

10. Do you have any reservations about recommending this applicant? Explain.

Additional Comments:

Thank you for your time and effort. Please return this as soon as possible in the envelope provided so that the application process continues moving forward.

Reference Signature

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Pastor/Elder Reference Form

Pastor/Elder Name: _____ Church: _____ Phone: _____
Email: _____ Name of Applicant: _____

TO THE APPLICANT: Please provide a stamped envelope addressed to the church office for the person filing the reference.

I willingly waive my right of access to see this recommendation knowing that this waiver is NOT required as a condition for approval.

Date: _____ Applicant's Signature: _____

**Dear Pastor/Elder, thank you for your time and efforts to answer to the following questions to the best of your knowledge. The Big Buddies Mentoring Program carefully considers each applicant who applies to be a Mentor to an at-risk youth. Your comments help us tremendously in this application process as we are striving to match these precious children with mature believers who will serve them with compassion and love.*

Please circle or write in your answer to the following questions. *Please omit those about which you have insufficient knowledge to form an opinion.

8. How long have you known the applicant? _____ years _____ months
How well do you know the applicant?

1	2	3	4	5
Not well at all	Fairly well	Moderately well	Well	Very Well

9. How involved is the applicant in your church?

1	2	3	4	5
Not at all	Somewhat	Moderately	Involved	Very Involved

If involved, what areas are they involved in? (i.e. weekly attendance of services, ministry participant, etc?)

10. How would you describe the applicant's personal spiritual life and Christian witness?

11. I would feel comfortable with the applicant serving in my own church's Children's Ministry.

Strongly disagree	Disagree	Moderate Agree	Strongly agree
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12. In what environments have you seen the applicant interact with children?

13. The applicant:

a. ... works well in a team setting.

Strongly disagree Disagree Moderate Agree Strongly agree

b. ... is able to work effectively and comfortably with children.

Strongly disagree Disagree Moderate Agree Strongly agree

c. ... is reliable and responsible.

Strongly disagree Disagree Moderate Agree Strongly agree

d. ... is punctual

Strongly disagree Disagree Moderate Agree Strongly agree

e. ... follows through with their commitments

Strongly disagree Disagree Moderate Agree Strongly agree

f. ... is able to problem-solve well

Strongly disagree Disagree Moderate Agree Strongly agree

14. Are you aware of anything in the applicant's moral character or background which would give anyone reason to question the example they set to a child/family? (e.g. any concerns in regards to working habits, relationships, drugs & alcohol). If yes, please explain.

8. What do you observe as the applicant's greatest strengths/gifts and weaknesses?

9. Do you have any reservations about recommending this applicant? Any additional comments that you think would be helpful?

Please return this form in the addressed envelope provided as soon as possible to our church office. Thank you again for your time and efforts.

Pastor's / Elder's Signature

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