M.A.V. YOUTH MENTORING
Making a difference, together.

High School Mentor | Buddies Application

Social Security # & Driver's License must be filled out for background checks for ages 16+

Name: _____ T-Shirt Size: _____
Age: _____ Birthdate: _____ Gender: _____ Race: _____
Social Security Number: _____Email: _____
Driver's License #: _____ Expiration: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Parent/Guardian Name: _____
High School: _____ Grade: _____
Employer: _____ Job Title: _____
Can you be contacted at work? _____ Work Phone: _____
Have you ever been convicted of a crime: _____
If yes, explain: _____
_____
Do you object to the agency running a background check on you (age 18+)? _____
Do you play any sports? : _____
_____
Group Preference:

- ☐ Tuesdays: St. Marys Intermediate (3rd-5th)
- ☐ Wednesdays: Celina Elementary (4th-6th)
- ☐ Thursdays: Van Wert Elementary (3rd-5th)

Youth Preference:

Grade: _____
Race: _____
Gender: _____

What do you like to do in your free time: _____
_____
What extracurricular activities you involved in?: _____
_____
_____
What experiences do you have with children: _____
_____
_____
__

1005 N. Main St. Celina, OH 45822 | Office: 419.584.2447
info@mavyouthmentoring.com

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Please list the name of a teacher you have had in highschool that we can contact as a reference. (Should be a teacher who has known you for at least one year. Freshmen - you may use a teacher from Jr. High.)
Teacher's Name: _____
Teacher's Email: _____
Guidance Counselor Name: _____
Guidance Counselor Email: _____

Mentor Agreement

As a mentor for the Buddies Program, I understand and agree to the following:

+ MAV Youth Mentoring is not obligated to match me with a youth or accept me into the program.
+ To allow MAV YM to contact my school for a reference.
+ To attend an orientation before beginning the program.
+ To be on time for scheduled meetings.
+ To notify the agency if I am unable to keep my weekly meeting.
+ To accept assistance from the Buddies Coordinator.
+ To keep discussions with my youth confidential.
+ To ask for assistance when I need help with my youth.
+ To notify the agency of changes in my employment, address, and phone number.
+ To agree to not meet, take, or contact my youth off-site. This includes social media, e-mail, texts, or phone calls.

Printed Name: _____

Signature: _____ Date: _____

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Parent Permission & Reference

I give permission for my child (please print) _____, to apply as a mentor with MAV Youth Mentoring Buddies Program.
If accepted as a mentor, I understand that MAV Youth Mentoring will place my teenager in a one-on-one relationship with a child. They will work on homework, play games, and do crafts together with a child. This is a once a week commitment with the hope to return next school year. We do not meet during summer months, but encourage participation at MAV events.

I understand that my son/daughter will provide his/her own transportation to and from the Buddies program location.

I understand that to prepare my high school youth for his/her mentoring experience, MAV Youth Mentoring staff will conduct training and an interview discussing the following points:

+ The role of a mentor.
+ Child abuse prevention and child safety.
+ Overcoming relationship obstacles and how to work with children.

Emergency Contact & Medical Information

Emergency Contact Name: _____
Relationship: _____ Phone: _____
Does your child have special needs, medications, allergies or conditions?: ____
Please List: _____

MAV Youth Mentoring will frequently use mediate to promote our programs. Do you give permission for MAV Youth Mentoring to record, use, display, and/or publish your child's photograph for publicity purposes in connection with the public relations activities of MAV Youth Mentoring? (No names will be used.): _____ Yes _____ No

By signing this form I give my child permission to be interviewed by MAV Youth Mentoring staff and if they are accepted, I give my consent for my child to volunteer with MAV Youth Mentoring.

Parent Guardian Printed Name: _____
Signature: _____ Date: _____
Phone Number: _____ Email: _____

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The following section is to be filled out by the parent/guardian of the mentor. This form is intended to serve as a reference and will assist the staff of MAV Youth Mentoring determine program eligibility and assists with pairing your adolescent with a younger child.

Are there any safety concerns or anything that you would have concerns about that we could help your child manage? _____
_____
_____

Tell me about a time you observed your child around a child or children. _____
_____
_____
_____

What were your impressions or feelings about the interaction: _____
_____
_____
_____

Do you know of any reason why being a mentor may not be the right volunteer experience for your child? _____
_____

Do you know of any reason why this may not be the best time for your child to commit to being a mentor? _____
_____

What else would you like to share with us about your child? _____
_____
_____

We would like to thank you for your answers. We would also like to know if you would be interested in learning more about how you can become involved with our organization. Could we send you some of our materials?
_____ *Yes* _____ *No Thanks*

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