



600 South 2nd Street
Suite 308
Bismarck, ND 58504

701 222-0797 Tel
701 223-5775 Fax
mentorsquad@dacotahfoundation.org

Volunteer Job Description

Title: Mentor Squad

Purpose: Offer one-to-one friendship to a child

Responsibilities:

- Have dependable and consistent contact with the child.
- Contact our office monthly to report match progress.
- Act as a positive role model for the child.
- Maintain confidentiality with regard to the child's family situation.
- Assure the child's safety when you are together.

Characteristics:

- Commitment to developing a healthy relationship with the child.
- Ability to follow through on commitments made.

Benefits:

- You will enrich a life of a child.
- We will provide social worker support to assist you in any areas you need assistance.
- We have occasional group activities, access to some local events at no cost to the volunteer and a discount booklet to be used at some of the local businesses.
- We are a 501(c) 3 charitable organization.
- You may get back as much as you give in knowing that you are making a big difference in the life of a child.

Volunteer Application



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Email: mentorsquad@dacotahfoundation.org

General Information *Please print (in ink) or type. All information is confidential.* Today's Date: _____

Name: _____ Birth Date: _____ Gender: _____ Male _____ Female

Social Security #: _____ Driver's License#: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Home Information

Home Address: _____
Street City State Zip County

Mail Address: (if different than above) _____
Street City State Zip

References

Please list at least four persons who can vouch for your reputation, character and morals. Please do not use relatives, spouse or significant others.

- They MUST have known you for at least one year*
- One reference MUST be a work or school reference*
- One reference should be familiar with your home environment*
- All information will be treated confidentially and will not be shared.*

Name	Street, City, State, Zip	Phone (include area code)	E-mail

Legal Record *Please list any arrests, convictions, and recent traffic violations.*

Arrest/Violation Date	Charge	Disposition/Result

Statement of Understanding

If I am accepted as a mentor, I understand my obligation to meet with my match regularly and to inform Mentor Squad staff as to the status of my match relationship every month. I further agree to accept the supervision of the Mentor Squad staff and discontinue my service if I am requested to do so by the agency.

Signature of Applicant: _____

Date: _____





Bis-Man Mentor Squad Confidentiality Policy Statement

ACCESS TO CONFIDENTIAL RECORDS

In order for Bismarck-Mandan Mentor Squad to provide responsible and professional service to clients it is necessary for volunteers, clients, and parents or guardians of clients to be asked to divulge extensive personal information about themselves and their families. The agency respects the confidentiality of client and volunteer records and, with the exception of situations listed below, shares information about clients and volunteers only among the agency professional staff and board of directors, as needed. The right to confidentiality applies not only to written records, but also to video, film, pictures or use of client or volunteer's name in agency publications.

All records are considered the property of the agency and not the agency worker or clients or volunteers themselves. In order to provide a service, which is in the best interest of the children served by the program, information from outside sources, including confidential references must be assessed along with information gained from the volunteers or clients themselves. Records are not available for review by the clients or volunteers. Clients and Volunteers shall sign a statement that she or he has read and understands the agency policy on confidentiality and agrees to program participation under the guidelines it sets forth.

LIMITS OF CONFIDENTIALITY

1. Information will be released to other individuals or organizations only upon presentation of an authorized "consent to release information" form appropriately signed by the client or volunteer.
2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials, if the client or volunteer has given written permission.
3. For purpose of program evaluation, audit, or accreditation, certain outside bodies such as Dacotah Foundation may have access to client and volunteer records. These outside organizations shall be required to respect the agency policy on confidentiality. Known violations of agency confidentiality policy will be reported to the supervisor of the individual involved and appropriate disciplinary action shall be requested.
4. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.

5. Information shall be provided to an agency's legal counsel in the event of litigation or potential litigation involving the agency. Such information is considered privileged information, and its confidentiality is protected by law.
6. North Dakota state law mandates that suspected child abuse or neglect be reported to the appropriate county social services. All workers are responsible for staying abreast of such reporting requirements of their respective jurisdiction and shall always comply with mandated procedures.
7. If an agency worker receives information indicating that a client or volunteer may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or report to the local law enforcement authorities.

I have read and understand the above document which states the agency policy with respect to confidentiality of client and volunteer records. I agree to program participation under the conditions it sets forth.

I will respect the privacy of clients/client families and volunteers of Bismarck-Mandan Mentor Squad. Unless I have the appropriate signed release I will not discuss or disclose, directly or indirectly, with any person (except those individuals employed, acting in the capacity of Dacotah Foundation board member or contracted by Bismarck-Mandan Mentor Squad), background and family history, or any other information of confidential nature, of which I become aware through my involvement with the program.

(For volunteers only: I understand I am to use only the first name of the client and the client family members in introductions, etc. and am not to share with others the last name of the client/client family.)

Signature

Date



PERSONAL AUTHORIZATION FOR CRIMINAL HISTORY RECORD INFORMATION

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 51156 (05-2021)

REQUESTER INFORMATION - RESULTS WILL BE MAILED TO INDIVIDUAL OR COMPANY INDICATED IN THIS BLOCK

Mail to Attention of Tami Lehr		Telephone Number (701) 222-0797	
Name/Company Bis-Man Mentor Squad			
Address 600 S. 2nd St., Suite 308	City Bismarck	State ND	ZIP Code 58504

Pursuant to NDCC § 12-60-16.8, I hereby authorize the North Dakota Bureau of Criminal Investigation to release a copy of my criminal history record to the above party, provided; however, that the Bureau may release only that information pertaining to reportable events occurring within the past three years and information regarding any conviction.

Name (please print)	
Signature	Date

This form should accompany the Non-Criminal Justice Request for Criminal History Record Information. Both forms should be forwarded to the following address:

North Dakota Bureau of Criminal Investigation
Criminal Records Section
PO Box 1054
Bismarck ND 58502-1054
(701) 328-5500



CHILD ABUSE AND NEGLECT BACKGROUND INQUIRY
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CHILD ABUSE AND NEGLECT PROGRAM
 SFN 433 (12-2022)

Clear Fields

The North Dakota Child Abuse/Neglect Information Index is mandated by the North Dakota Child Abuse and Neglect Law. When a decision is made that services are required or that child abuse or neglect is Confirmed, the names of individuals identified as the subject of the child abuse or neglect assessment are entered into the Index. The names remain on the Index for ten years from the date of the Services Required or Confirmed assessment decision. Results only include a search of the North Dakota Child Abuse/Neglect Information Index. No tribal agency registry information is available through the state Index.)

* The Privacy Act of 1974 (P.L. 93-579, Section 7) requires the following information be provided when individuals are requested to disclose their social security number. Disclosure of the social security number is voluntary and is requested for identification purposes. Failure to disclose this information may result in a delay in reporting results.

Part I: Information of Individual Whose Name is to be Searched				
LAST Name	FIRST Name	FULL MIDDLE Name <input type="checkbox"/> None <input type="checkbox"/> Initial Only	Social Security Number*	Date of Birth
Birth Name, Alias, or Other Married Names You Have Gone by in the Last Ten Years			OR <input type="checkbox"/> Check this box if you have no additional names	
Current Physical Address		City	State	ZIP Code
Last North Dakota Address		City	State	ZIP Code

Part II: Agency/Organization Information			
Agency/Organization Bis-Man Mentor Squad	Contact Person Tami Lehr	Telephone Number (701) 222-0797	
Address 600 S. 2nd St., Suite 308	City Bismarck	State ND	ZIP Code 58504
Email Address and/or Fax Number tami@bismanmentorsquad.com			
This information is being requested for: (Check Only One)			
<input type="checkbox"/> Employment with HHS	<input type="checkbox"/> Employment in a NDDHS Licensed or Contracted Agency	<input type="checkbox"/> Childcare/In-home Provider	
<input type="checkbox"/> Adoption Study	<input type="checkbox"/> Private Agency Employment/Volunteer	<input type="checkbox"/> Foster Parent Licensing	
<input type="checkbox"/> Other (List): _____			

Part III: Consent

This consent remains in effect for 90-days from the date of signature unless specifically revoked by written notice to the agency/ organization contact person. Any disclosure prior to a written revocation shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original. **This document must be physically signed by the applicant or signed with a Public Key Infrastructure (like VeriSign or DocuSign). A typed signature is not accepted.**

a. I grant permission to the Department of Health and Human Services and its authorized agents (Human Service Zones) to conduct a search of my name on the North Dakota Child Abuse/Neglect Information Index and to disclose the results of the search to the agency/ organization indicated on this form.

Signature	Date
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b. I further authorize the Department of Health and Human Services and its authorized agents (Human Service Zones) to disclose the records of all Child Abuse and Neglect records pertaining to Services Required or Confirmed findings to the agency/organization indicated on this form. I understand that this information may include medical and mental health information.

I understand that substance use disorder treatment records are protected under the federal regulations governing Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without written consent. Substance use disorder record information will not be disclosed unless an Authorization to Disclose Information form (SFN 1059) permitting the disclosure accompanies this form.

Signature	Date
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Volunteer Personal Auto Verification

All volunteers must carry auto insurance for the minimum required by the State of North Dakota which enables the Bismarck-Mandan Mentor Squad policy to provide excess auto liability protection as needed while in the course of BMMS agency work.

Name of Volunteer: _____

Insurance Agency: _____

Policy# _____

Insurance Company _____

Limits: Bodily Injury _____ Property Damage _____
Or

Combined Limit _____

A photocopy of your driver's license and current insurance card is required.

****Reminder****

Seatbelts must be worn by both the volunteer and the child at all times while driving.

Only the volunteer has clearance to provide transportation for the child during their time together. The volunteer does not have to drive but should always be within the vehicle. Responsibility **cannot** be given to anyone else - friend, spouse, etc. Only the parent/guardian of the child may arrange alternate transportation.

By signing below, I agree to notify Bismarck-Mandan Mentor Squad of any changes in my auto insurance coverage.

Signature _____ Date _____