



## **Bismarck-Mandan Mentor Squad School-Based Mentoring**

The five most prevalent problems facing kids today are having negative feelings about themselves, poor relationships with family members, poor grades, hanging out with the wrong crowd and getting in trouble in school. Close your eyes and think about when you were young...Who were the people that supported you the most and brought a little magic into your life?

### **What is School-Based Mentoring?**

Every child deserves to have several positive role models in his or her life. The reality is that too many children do not even have ONE. School-Based Mentoring is our combined initiative to prevent youth from academic failure, school dropout, poor social skill development and low self-esteem. These problems can be alleviated through trusting, one-to-one relationships with adult role models.

A mentor is a person who, along with parents, provides young people with support, counsel, friendship, reinforcement and constructive example. A mentor wants to help young people bring out strengths that they already have.

### **You Can Make the Difference.....One Hour at a Time.**

School-based mentors spend one hour each week during the school year with a child who is in need of guidance, support and assistance. During the visits "matches" may share work on school projects, play games, hang out in the library or gym, improve study skills or talk and get to know one another.

Just one hour a week can:

- \*Build a child's self-esteem
- \*Build positive decision-making skills
- \*Improve attitude
- \*Improve attendance and grades
- \*Improve peer relationships
- \*Improve behavior and communication at home

As a school-based mentor, YOU will have an opportunity to see a child....see himself, possibly for the first time, as a worthwhile individual who has the potential to succeed and who can strive to do anything he or she truly desires.

**Yes! I want to be there when the magic happens!**

600 South Second Street, Suite 308 \* Bismarck, North Dakota 58504-5749

701-222-0797 \* Fax: 701-223-5775

[www.bismanmentorsquad.com](http://www.bismanmentorsquad.com)



**Please Print**

Full Name \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Currently Enrolled In: Name of School \_\_\_\_\_

Current Year in School: freshman sophomore junior senior

Can you meet with a child once a week during the school year? Yes / No

What motivated you to participate in Mentor Squad?

\_\_\_\_\_

Do you have a preference as to?

the grade level of your match? \_\_\_\_\_ the race of your match? \_\_\_\_\_

Would you be willing to work with a physically or emotionally challenged child? Yes / No

How do you plan to get to the Mentor Squad school? \_\_\_\_\_

Please list your parent/guardian's name and two references (non-relatives) who have known you for more than one year. You authorize us to contact who would evaluate your qualifications as a volunteer.

	Name	Street, City, State, Zip	Phone (include area code)	E-Mail
Parent				
Reference 1				
Reference 2				



## Mentor Agreement

**As a volunteer for the Mentor Squad Mentoring Program, I agree to the following:**

- Attend a training session before beginning.
- Be on time for scheduled meetings and notify the school office if I am unable to keep my weekly meeting.
- Engage in the relationship with an open mind.
- Accept assistance from my match's teacher.
- Keep discussions with my match confidential, unless to do so would endanger you or your match.
- Ask for assistance when I need help with my match.
- Notify the agency of changes in my address and phone number.
- Commit at least one hour a week for the school year.
- I will not use drugs or alcohol before or during the time I spend with my match.
- I will not initiate any contact with my match outside of school,
- I will not use physical discipline with my match.

**I understand that as a volunteer mentor, I may be matched with a child and if so, I will commit to at least one hour a week for the school year. I know that my mentorship will take place **ONLY** at a pre-assigned elementary school.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parents: Your signature indicates consent for your child to be a Mentor with the Mentor Squad mentor program, and authorizes Mentor Squad to conduct a check of your juvenile's criminal background to ensure participant's safety.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please return this completed application to:***

Mentor Squad  
600 S 2<sup>nd</sup> St., Suite 308  
Bismarck ND 58504

701 222-0797 (phone)    701 223-5775 (fax)



600 South 2<sup>nd</sup> Street, Suite 308  
Bismarck ND 58504  
701 222-0797 TEL  
701 223-5775 FAX

**HIGH SCHOOL MENTOR PARENT CONSENT AND REFERENCE FORM**

Name of Applicant: \_\_\_\_\_

Name of Parent/Guardian and Phone Number: \_\_\_\_\_

*In serving as a reference for your child's application as a High School Mentor, please answer the following questions:*

1. Do you believe your son/daughter will be a good mentor and a positive role model for a younger student? Why or why not?
2. Describe your son/daughter's personality and interests (e.g., is she shy or outgoing, prefer outdoor or indoor activities, is she trustworthy, reliable, and consistent?)
3. Do you believe your son/daughter can fulfill a 12-month commitment to the mentor program? If no, please explain any concerns you have.
4. Have you observed your son/daughter interacting with younger children? If so, can you describe how your son/daughter interacts with younger children?
5. What reservations or concerns do you have about your son/daughter's participation?



I give permission for my son/daughter, \_\_\_\_\_, to volunteer as a High School Mentor. I have read and co-signed, with my child, the Volunteer Application and understand that he/she is committing to be a volunteer mentor for at least one calendar year (12 months), and that he/she will spend about an hour each week mentoring a younger child (except during school breaks). I understand that his/her involvement in the Mentor Squad program will be under the guidance of Mentor Squad Staff and that he/she is required to abide by all program rules and expectations.

I also understand that transportation to and from the program site is the responsibility of my child.

I feel this is a good opportunity for my son/daughter and fully support and recommend his/her involvement as a mentor in the Bismarck-Mandan Mentor Squad program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**CHILD ABUSE AND NEGLECT BACKGROUND INQUIRY**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 CHILD ABUSE AND NEGLECT PROGRAM  
 SFN 433 (1-2021)

**Part I: 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			

**Part II: Authorization for Release of Information (to be completed by the person giving consent/authorization)**

- \_\_\_\_\_ (Initials) I give North Dakota Department of Human Services (NDDHS) and its' authorized agents (Human Service Zone agencies) permission to check the Child Abuse/Neglect Information Index for my name.
- \_\_\_\_\_ (Initials) I further give permission to NDDHS and its' authorized agents to release child abuse and neglect records pertaining ONLY to the services required decisions indicated below to the above-named agency/organization.  
**(NOTE: If this statement is not checked and initialed, and if child abuse and neglect records contain any medical, drug, alcohol, or mental health treatment information, an Authorization to Disclose Information Form (SFN 1059) will be required.)**

This information is being requested for: <b>(Check Only One)</b>				
<input type="checkbox"/> Employment with NDDHS	<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): _____				
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			<b>OR</b> <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
Signature			Date	

\* 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.

This authorization remains in effect for 60-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 of this authorization shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original.

**Part III: Do Not Write Below - State Office Use Only**

**(NOTE: Results only include a search of the ND Child Abuse/Neglect Information Index. No tribal agency registry information is available through the state Index.)**

- The above-named individual is not listed on the ND Child Abuse/Neglect Information Index.
- An assessment decision of Services Required was found on the ND Child Abuse/Neglect Information Index.  
 For further details, please contact the Human Service Zone listed below.

Human Service Zone	Telephone Number	Email Address	Decision Date
Signature of Person Completing CA/N Information Index Inquiry		Submit the completed form to: Children and Family Services 600 East Boulevard Avenue, Dept. 325 Bismarck, ND 58505 (701) 328-2316 E-mail: dhscfs_cani@nd.gov Fax: (701) 328-3538	
Date Completed			