



Bis-Man Mentor Squad

600 South 2nd Street
Suite 308
Bismarck, ND 58504

701 222-0797 Tel
701 223-5775 Fax

Dear Parent or Guardian:

Thank you for your interest in Bismarck-Mandan Mentor Squad. Our eligibility requirements are as follows:

- Girls and boys must be between the ages of 6 and 16 and in need of a mentor
- You must live in our service area of Bismarck, Mandan or Lincoln
- In case of divorce, all custody issues are clearly resolved
- The custodial parent/guardian is capable of supporting a match relationship
- The custodial parent/guardian has legal responsibility for the child

If you believe you and your child meet these guidelines please complete the enclosed application and return it to our office address listed above.

Upon receipt of the completed application you will be contacted as soon as possible by a member of our staff to arrange an interview to further determine if our program will be of benefit to your child. If you have any questions please call 222-0797.

Sincerely,

Deanna Larson
Program Director

Bis-Man Mentor Squad

Child Application



600 South 2nd Street Suite 308
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All information provided will be kept confidential.
This information is used to determine eligibility.

Date: _____

Child's Name: _____ Male _____ Female _____
First Last

Child's Birth date: _____

Parent Living With Child: _____
First Last

FAMILY INFORMATION

Address: _____
Street & Apartment # City Zip Code

Email Address: _____

Home Phone #: _____ Cell #: _____ Work Phone #: _____

Occupation: _____ Can you be contacted at work?: _____

Previous Address: _____

Name of parent not living with child: _____

Address: _____

Phone #: _____

HEALTH

Describe your child's health:

Are there any allergies to medication or other items?

Does your child have any special needs? If so, please list.

Please list all persons living in your home besides yourself and your child:

Name and Age:

Relationship:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SCHOOL INFORMATION

School attended: _____ Teacher's Name: _____

Current grade: _____

Briefly describe your child's attitude towards school:

Academically how does your child achieve?

Above average _____ Average _____ Below Average _____ Poor _____

Has your child ever repeated a grade? _____

I certify that my child meets the following eligibility criteria for Bismarck-Mandan Mentor Squad:

- My child is between the ages of six and sixteen.
- My child is from a family situation that is lacking the involved supportive participation of two parents.
- All custody issues are clearly resolved.
- My child and I must live in the service area of Bismarck, Mandan and Lincoln.
- My child must want a mentor.

Signature: _____

Date: _____



Please circle the activities that interest you:

Sports

- Football
- Soccer
- Baseball
- Basketball
- Track
- Rollerblading
- Skateboarding
- Skiing
- Snowboarding
- Tennis
- Volleyball
- Bike Riding
- Bowling
- Pool
- Swimming
- Wrestling
- Golf
- Jogging
- Aerobics
- Biking
- Hiking/Walking
- Fishing/Hunting
- Ice Skating
- Hockey
- Motor Cross
- Auto Racing
- Martial Arts/Tae Kwondo
- Camping
- Other:

Arts/Entertainment

- Arts/Crafts
- Drawing
- Painting
- Woodworking/Woodcarving
- Movies
- Video Games
- Television
- Music
- Museums
- Plays
- Concerts
- Dancing
- Singing
- Photography
- Poetry
- Circus
- Musical Instruments
- Pow Wows
- Other:

Hobbies/Other Activities

- Stamp/Coin Collecting
- Reading
- Board Games
- Playing Cards
- Cooking/Baking
- Traveling
- Scrapbooks
- Dolls
- Computers
- Shopping
- Animals/Pets
- Studying
- Picnics
- Hairstyles/Makeovers
- Knitting/Sewing
- Church Activities
- Going to Restaurants
- Working on Cars
- Other:

List resources or skills which you feel you excel in:

Name three of the above listed activities you like the most:

Favorite:

Color _____ Season _____ Animal _____ Food _____



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



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RELEASE OF LIABILITY AND INFORMATION

I give permission to Bismarck-Mandan Mentor Squad to release my child's first name and age, as well as my first name, for the purpose of public relations and agency newsletters.

I release Dacotah Foundation and Bismarck-Mandan Mentor Squad, and any person or organization associated, from any and all liability for accidental injury or illness, that may be incurred by my child, or other family members, while participating in Bismarck-Mandan Mentor Squad activities.

While my child is with the Bismarck-Mandan Mentor Squad volunteer, or at a Bismarck-Mandan Mentor Squad activity, I designate all matters of discipline and emergency decisions to Bismarck-Mandan Mentor Squad. Agency policy prohibits physical discipline however physical restraint will be used if deemed necessary for the safety of the child, and/or the safety of others.

I understand I will be notified in the case of serious injury or illness of my child however if I, and the emergency contact person listed below, are unavailable this form will be considered written permission for emergency treatment, or surgery, if determined necessary by the attending physician. If I cannot be located at the time of illness or injury, Bismarck-Mandan Mentor Squad staff or volunteers have permission to contact the following individual who can assume responsibility.

Emergency Contact Name: _____

Relationship to child: _____

Day Phone: _____ Evening Phone: _____

Family Physician: _____ Clinic/Hospital: _____

Insurance Company: _____ I.D.# _____

Parent/Legal Guardian Signature

Date

Child's Name

PLEASE KEEP US INFORMED OF ALL ADDRESS AND PHONE NUMBER CHANGES as well as upcoming changes in marital status and living arrangements.





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mentorsquad@dacotahfoundation.org

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Media Release

I give permission for my child, _____
(a child in the Bis-Man Mentor Squad) to be interviewed and / or participate
in a photo or video for publicity purposes. Bis-Man Mentor Squad will make every attempt
to only use your child's first name in any publicity.

I understand that such interviews may be conducted without input of Bis-Man Mentor
Squad, and I will not hold Dacotah Foundation or Bis-Man Mentor Squad liable for any
comments or reporting as a result of the interview or photo/video.

Please be advised that sometimes we have no control over what is published.

(Please print your name)

(Relationship to child)

(Signature)

(Date)