



600 South 2<sup>nd</sup> Street  
Suite 308  
Bismarck, ND 58504

701 222-0797 Tel  
701 223-5775 Fax  
[mentorsquad@dacotahfoundation.org](mailto: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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**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.)**

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**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 \_\_\_\_\_