



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Reach & Rise® Group Mentoring

Frequently Asked Questions for Mentor Applicants

WHY WAS THE MENTORING PROGRAM CREATED?

- Reach & Rise group mentoring program was established to serve the needs of young people not being met by existing mental health services.
- To offer over-stressed families a resource to help meet their children's needs.
- To provide youth with positive, growth-inducing relationships with adults through mentoring.
- To make a difference in a child's life.
- To introduce you to positive adult role models, and facilitate healthy peer relationships

WHAT TYPE OF YOUTH DOES THE GROUP MENTORING PROGRAM SERVE?

- Youth ages 8-15.
- Youth who could benefit from help with improving self-esteem, decision making, academic success, social skills, building and maintaining healthy peer and family relationships, and feeling a sense of belonging.
- Youth from a wide range of ethnic diversity and socio-economic backgrounds.
- Youth encompassing a variety of family backgrounds: intact families, single-parents, blended families, foster homes, and/or grandparent or other relative-headed families.

HOW ARE YOUTH REFERRED TO THE PROGRAM?

- From YMCA programs, staff, and communities.
- From school counselors, teachers and principals.
- From community programs, social services, counseling agencies, etc.
- From friends, family, and/or self-referrals.
- All referrals to Reach & Rise go through an application process and an initial telephone and/or face-to-face screening with the Program Director. This process helps determine whether or not each child is appropriate for the program. Those children assessed to have mental health problems not appropriate for our program will be referred elsewhere. The types of issues not likely to be handled by our mentors include: acute depression, homicidal or suicidal behavior, drug/alcohol dependence, and violent behavior.



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WHO ARE THE MENTORS?

- Volunteers from who wish to make a positive impact on youth.
- Adults ages 21+
- Adults from varied cultural, educational and professional backgrounds.
- Mentors are often recruited within the YMCA membership, community agencies, local corporations, and universities.

WHAT IS EXPECTED OF MENTORS?

- Complete a volunteer mentor application and necessary paperwork.
- Speak with the Program Director for an initial screening.
- Mentors commit to spending 2 hours once a week co-facilitating mentor group for an 8 or 16 week mentoring group.
- Complete 15+ hours of mentor training (over the course of 4 to 5 weeks) before being matched with a mentee group.
- Pass fingerprint security screening and 4 reference checks before being matched.

HOW ARE MENTORS SUPPORTED ONCE THEY'VE COMPLETED THE TRAINING AND HAVE BEEN "MATCHED" WITH A YOUTH?

- **Reach & Rise®** is committed to on-going training and support for all volunteer mentors. The Program Director is actively involved in goal-setting and on-going planning with all mentors for their mentees.
- Mentors will need to meet weekly with the Program Director in person or by phone to review of progress of mentoring group and plan for next week's meeting. Check-ins are a vital part of the program because they provide structure for the mentors as well as on-going training and development of mentoring skills.
- Mentors are expected to submit a weekly attendance sheet and contact record to Program Directors.
- Individual telephone support is provided on an as needed basis.



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Reach & Rise® Mentor Application

Thank you for your interest in becoming a mentor with the Reach & Rise mentoring program. It is a great way to make a difference in a young person's life. This application is designed to provide information to help us match you with the most appropriate child and your answers will be kept confidential. **For security & safety purposes, all mentor applicants will need to have fingerprints or background checks completed and cleared before being matched with a group.** If you have any questions, please contact the Program Director.

Please mail, fax, or email your completed application to:

Reynold Fernandez, Reach & Rise® Program Director
YMCA of Honolulu—Kalihi Branch
1335 Kalihi St. Honolulu, HI 96819
rfernandez@ymcahonolulu.org / (808) 848-2494 x813 / Fax (808) 842-7736

Mentor Information:

Name: _____ Date: _____

Gender: M F Age: _____ DOB: _____

Address: _____ City: _____ Zip Code: _____

Home #: _____ Work #: _____

Cell #: _____ Email: _____

Best Way to be Contacted: Home # Cell # Work # Text Email

Best Times to be Contacted: _____

Occupation: _____ How Did You Hear About Us? _____

Please Answer the Following Questions:

Do you have any felony convictions? YES NO

Have you ever abused or molested a child? YES NO

Please check the groups you are available and/or interested in volunteering for:

16 Week Fall Group 16 Week Spring Group 8 Week Summer Group

Do you have any transportation or geographic/location restraints? _____

Why do you want to become Group Mentor? _____

Do you have any experience working with, volunteering, or spending time with youth? If yes, explain: _____



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Please describe any **other** volunteer experiences you have: _____

Why do you think youth are referred to mentoring programs? How do you think they would benefit from being in a mentoring group? _____

Do you have any academic pursuits/experience that is related to working with youth? Explain: _____

Do you have any experience being a part of a group or team? Give example: _____

Do you have any experience running or facilitating a group/team? _____

What's your comfort level with leading a group of youth? _____

Who was a mentor for you as a child? What qualities did they have that helped you? _____

Please describe your relationships with your family (e.g. parent(s)/guardian(s), siblings, etc.) both **past & present**. Include how you were disciplined as a youth and by whom. _____

Please describe past and current patterns of drug and alcohol use: _____



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What are some of your interests & hobbies? Anything you'd like to share with mentees? _____

Do you have a preference as to the age, gender or ethnicity of the youth you'd work with?

References:

The YMCA checks references for all volunteers and the **Reach & Rise®** Mentoring Program requires 2 Personal References & 2 Professional References. The following information is required of all applicants.

PERSONAL REFERENCES

NAME	PHONE	E-MAIL	RELATIONSHIP TO YOU?	HOW LONG HAVE YOU KNOWN THIS PERSON?

PROFESSIONAL REFERENCES

NAME	PHONE	E-MAIL	RELATIONSHIP TO YOU?	HOW LONG HAVE YOU KNOWN THIS PERSON?

**You just finished the first step toward applying to be a mentor & we look forward to getting to know you!
Your application will be reviewed by the Program Director and you will be contacted regarding an
interview, training group dates, & additional steps needed to complete the application process. YMCA
reserves the right to terminate a volunteer applicant or volunteer at any time if needed.**

Mentor Applicant Signature

Date

PRIVILEGE AND CONFIDENTIALITY NOTICE: Please note that the information contained on this document is protected and confidential. This document is intended for use by an authorized employee or agent of the YMCA. Any dissemination, distribution or copying of this document is strictly prohibited. If you have received this document in error, please notify the sender or intended receipt immediately.



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Reach & Rise® National Code of Conduct Group Mentoring

The following policies are intended to assist staff and mentors in making decisions about interactions with youth. For clarification of any guideline or to inquire about behaviors not addressed here, contact your Executive Director or Supervisor.

Please note that this National Code of Conduct for Reach & Rise® mentoring program may include certain exceptions to your Association's Code of Conduct or abuse prevention policies. Please note any differences and attach or add them to this document if needed.

Reach & Rise provides the highest quality services available to our youth. Our commitment is to create an environment for youth that is safe, nurturing, empowering, and which promotes growth and success for the youth who participate in our program. Any type of abuse will not be tolerated and will result in immediate dismissal from the program. Our program will fully cooperate with authorities if allegations of abuse are made and investigated.

The Code of Conduct outlines specific expectations of staff and mentors as we strive to accomplish our mission together.

1. Youth will be treated with respect at all times.
2. Youth will be treated fairly regardless of race, sex, age, or religion.
3. Staff and mentors will not swear or tell off-color jokes.
4. Staff and mentors are prohibited from babysitting, or having contact with youth outside of the regularly scheduled mentorship meetings and activities.
5. Staff and mentors will not discuss their sexual encounters with or around youth or in any way involve youth in their personal problems or issues.
6. Staff and mentors will not date or become romantically involved with youth.
7. Staff and mentors will not use or be under the influence of alcohol or illegal drugs in the presence of youth.
8. Staff and mentors will not have sexually oriented materials, including printed or internet pornography, in the presence of youth and will not have inappropriate information on their public profiles.
9. Staff and mentors will not ask youth to keep any secrets.
10. Staff and mentors will dress conservatively in the appropriate clothing and avoid wearing provocative and revealing attire including midriffs, tank tops, halter tops, short shorts, or short skirts.
11. Staff and mentors will not stare at or comment on the youths' bodies
12. Staff and Mentors will not meet mentees outside the group meetings or activities.
13. Staff and mentors will adhere to uniform standards of affection as outlined as follows:



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Physical Contact

Our program has implemented a physical contact policy that will promote a positive, nurturing environment while protecting youth and mentors from misunderstandings. The following guidelines are to be carefully followed by all mentors working with youth:

<i>Appropriate Physical Interactions</i>	<i>Inappropriate Physical Interactions</i>
Side hugs Shoulder-to-shoulder or "temple" hugs Pats on the shoulder or back Handshakes "High-fives" and hand slapping Verbal praise Touching hands, shoulders, and arms Arms around shoulders Holding hands (with smaller children in escorting situations)	Full frontal hugs Kisses Touching bottom, chest or genital areas Showing affection in isolated areas Touching knees or legs Wrestling Piggyback rides Tickling Allowing a child to cling to a mentor's leg Any type of massage given by or to a youth Any form of affection that is unwanted by youth Compliments that relate to physique or body development

1. Staff and mentors will avoid affection with youth that cannot be observed by others.
2. Staff and mentors will not engage in inappropriate electronic communication with youth.
3. Staff and mentors will meet with group in an approved and designated public location.
4. Staff and mentors shall not abuse youth in any way including the following:
 - Physical abuse: hitting, spanking, slapping, unnecessary restraints.
 - Verbal abuse: degrade, threaten, cursing.
 - Sexual Abuse: inappropriate touch, exposing oneself, sexually oriented conversations.
 - Mental abuse: shaming, humiliation, cruelty.
 - Neglect: withholding food, water, shelter.
5. Youth are prohibited from engaging in the following:
 - Hazing
 - Bullying
 - Derogatory name-calling.
 - Games of truth or dare.
 - Ridicule or humiliation.
6. Staff and mentors will report concerns or complaints about other staff and mentors, other adults, or youth to their supervisor or coordinator.
7. Staff and mentors who work in the program may not have engaged in or been accused or convicted of child abuse, indecency with a child, or injury to a child.
8. Staff and mentors agree to cooperate fully with any investigation of suspected child abuse and failure to do so may be grounds for termination.

 Mentor Signature

 Date



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Reach & Rise® Group Volunteer Job Description

Objective: The Reach & Rise mentoring program trains adult volunteers to provide mentoring services to youth ages 8-15. We aim to help youth develop tools to improve self-esteem, decision-making skills, school performance and interpersonal relationships.

Time Commitment:

- 15+ hours of training
- 8 weeks in Summer or 16 weeks Spring or Fall
- 2-3 hours each week
- Weekly in person or phone check-in with Program Director

Reports To: Reach & Rise® Program Director

Principal Activities: Developing supportive, consistent mentoring relationship with a group of youth through paraprofessional therapeutic techniques and group activities. Help youth explore and cope with social and/or emotional issues.

Position Requirements:

- Must be at least 21 years old when mentoring group begins
- Desire to work with youth
- Must receive fingerprint screening/background clearance
- Commitment to co-facilitate a mentoring group with mentees one time a week for 2 hours for 8 or 16 weeks

Training and Support:

Mentors attend 15+ hours of training over the course of approximately 4-5 weeks. The training prepares volunteers for the mentoring relationship, providing information about the program, expectations, basic therapeutic concepts, relationship building, understanding risk factors, mental health issues, how to handle safety issues, and group dynamics. If accepted into the program, mentors are then matched with a co-mentor and up to 6 mentees. Ongoing support will be provided by the Program Director.

Signature _____ **Date** _____



YMCA OF Honolulu

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with the **YMCA of Honolulu**. The YMCA was founded by volunteers and we could not function today without them! Please take a moment to complete the following information so we may get to know you better. **Notice to Applicants, Employees and Volunteers: The YMCA of Honolulu maintains a "zero tolerance" for abuse.**

Remember that all Child Care volunteer applicants ages 18 years and older must agree to a criminal background check and be fingerprinted according to state law (child protection act) and YMCA policy.

**To help us learn about your experience, abilities, and interests.
Please complete this Application for Volunteer as thoroughly as possible.**

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Cell Telephone No.	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	E-Mail Address
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at previous address:	
If you are 16 or 17 years old, can you provide your Certificate of Age number: <input type="checkbox"/> YES <input type="checkbox"/> No		

- | | | | |
|--|---|--|--------------------------------|
| <input type="checkbox"/> Atherton Branch | <input type="checkbox"/> Camp Erdman Branch | <input type="checkbox"/> Central Branch | <input type="checkbox"/> Metro |
| <input type="checkbox"/> Kaimuki Branch | <input type="checkbox"/> Kalihi Branch | <input type="checkbox"/> Leeward Branch | |
| <input type="checkbox"/> Mililani Branch | <input type="checkbox"/> Nu'uuanu Branch | <input type="checkbox"/> Windward Branch | |

When are you available (check all that apply)?

- Mornings Days Evenings Late Evenings Weekends

Any restrictions to volunteer hours? _____

Why do you want to volunteer for the YMCA? _____

Why are you interested in volunteering for the YMCA? _____

What kind of volunteer opportunities and roles are you interested in? _____

Are there particular interest, skills, or talents you would like to share? Please specify. _____

What could the YMCA do to improve your experience and the experience of other volunteers? _____

Are you being referred by an agency/program? yes no

Name of agency/program:
Name of person referring you:

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST		Summarize the type of work performed and Job responsibilities.
Company Name	Phone No. ()	
Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)		
Job Title-Start	Job Title-Final	
Supervisor (Name & Title)		
Reason for Leaving		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later		
Company Name	Phone No. ()	
Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)		
Job Title-Start	Job Title-Final	
Supervisor (Name & Title)		
Reason for Leaving		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later		
Company Name	Phone No. ()	
Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)		
Job Title-Start	Job Title-Final	
Supervisor (Name & Title)		
Reason for Leaving		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later		
Company Name	Phone No. ()	
Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)		
Job Title-Start	Job Title-Final	
Supervisor (Name & Title)		
Reason for Leaving		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later		

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				Overall College Scholastic Average
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.				
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.				
<input type="checkbox"/> Keyboarding _____ WPM	Computer Skills, i.e. Microsoft Office- Word, Excel, Outlook, etc.		<input type="checkbox"/> Other machines requiring special skills:	

VOLUNTEER EXPERIENCE

Organization	Position or Job Description	YEARS	Still Active? (Yes or No)

Additional Information

- Do you hold current CPR certification? Yes No
- Do you hold current first aid certification? Yes No
- Do you hold current lifeguard certification? Yes No

List anything else (skills/experiences) including volunteer experience that would strengthen your application:

I give my permission to be photographed as a YMCA volunteer for YMCA promotional use.

Yes No

REFERENCE DATA

Name	Phone Number	Relationship to you	Years Known

PRE-VOLUNTEER CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

Initial

I understand upon contingent offer of a volunteer position, the YMCA of Honolulu will conduct a criminal background check prior to and during my time as a volunteer, as well as a child abuse registry check and I am subject to random, accident follow-up, and for cause drug testing.

Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from volunteering or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.

Initial

I am not a child molester, abuser or pedophile; and have not been convicted of being a molester or abuser.

Initial

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA concerning the nature of my volunteering, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date

Parent or Guardian Signature

Date



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**NOTICE AND AUTHORIZATION CONCERNING CONSUMER
AND INVESTIGATIVE CONSUMER REPORTS**

This form, which you should read carefully, has been provided to you because the YMCA may request consumer reports or investigative consumer reports in connection with your application for employment, or at any time during the course of your employment with the YMCA, if any, for purposes of evaluating your suitability for employment, promotion, reassignment or retention as an employee. Additionally, in the event that claims or disputes between you and the YMCA are filed with any third parties, the YMCA may request consumer reports or investigative consumer reports for purposes of evaluation and response, regardless of whether you remain in the employ of the YMCA at the time such claims or disputes arise.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances.

AUTHORIZATION

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to the YMCA (1) in conjunction with my application for employment, (2) during the entire course of my employment, if any, and (3) after any such employment ends. I further understand that any and all information contained in my job application or otherwise disclosed to the YMCA by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the YMCA and confirm that all such information provided in connection with my job application is true and correct. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, an offer of employment or a promise of continued employment. If employed by the YMCA, my employment will not be for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the YMCA.

Name (Printed)

Social Security Number *(leave blank until job offer is made)*

Name of County in which you reside

Date of birth (mm/dd/yy) *(leave blank until job offer is made)*

Signature

Date

Email address: _____