

## **UFM Teen Mentoring Program** *Volunteer Mentor Information*

**About the Mentoring Program:** The UFM Teen Mentoring Program offers a structured program of support and life skills to youth in grades 7 - 12. The program provides a safe, supportive and consistent environment for teens to learn positive life skills and to focus on primary prevention activities.

### **Program goals include:**

- Teaching positive life skills and alternatives to alcohol and drug use
- Improving confidence and resistance skills
- Enhancing the self-esteem of participants
- Improving personal control
- Improving interpersonal communication
- Empowering youth to take responsibility for their own futures

**Volunteer responsibilities:** Volunteers are asked to provide support, encouragement and friendship to teens referred to the program. Each mentor is generally assigned one or two adolescents. Mentors need to be available about three hours per week, on one or more days that the program groups meet, plus a little time for additional follow up. The group meeting days vary by semester from 3:00 to 5:00 p.m. Call 539-8763 to see when your group will meet.

Mentors are also requested to come early to help transport students from school to UFM. Meetings are held at UFM Community Learning Center, 1221 Thurston. Activities are planned each week to provide life skills, learn new skills and have fun. Recreation is planned at least once a month and might include bowling, ice skating, kickball or other activity.

### **The requirements to volunteer are:**

- Willingness to commit time for weekly group meetings and monthly mentor-only meetings. This includes picking up the students from school and taking them home after group.
  - Enthusiasm and patience
  - Interest in developing a friendship with a middle school or high school student
  - Ability to commit a minimum of one semester (More than one semester is encouraged.)
  - Regular attendance is expected.
  - Completion of the application, interview process and background check.
- Maintain the confidentiality of their student's experiences, comments, and conversations

**For more information, visit [www.tryufm.org](http://www.tryufm.org)**

**UFM Community Learning Center**

**1221 Thurston St**

**Manhattan, KS**

*UFM Teen Mentoring Program  
Volunteer Mentor Application*

Name: \_\_\_\_\_ Daytime #: \_\_\_\_\_ Evening #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Interest in: High School group or Middle School group

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Year in School: \_\_\_\_\_

How long will you be in this community?

College major or area of interest:

Why are you interested in volunteering for this program?

Do you have transportation? Yes/ No

Are you able to come early to pick up students from school and bring them to UFM? Yes /No

Have you ever had personal involvement with the court system? No/ Yes If yes, please explain.

Volunteer work, and youth involvement:

Special Skills you can share:

Other information you would like us to know about you:

List 3 persons **not related to you**, with their addresses and phone numbers, who can judge your ability to serve as a positive role model for a youth in our community.

1.

2.

3.

*The information I am presenting in this application is true and correct to the best of my knowledge. I hereby give UFM Community Learning Center permission to contact my references concerning my qualifications to be a Mentor. I also give permission for my references to provide UFM information about my experiences with them. If appointed as a mentor, I agree to abide by stated rules and goals for the program and will fulfill my responsibilities to the best of my ability.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



**I understand the rules and regulations of the UFM Teen Mentoring Program. I will follow all rules and regulations outlined in the Mentor Information section, created during group sessions and rules listed below. I understand a violation of these rules will lead to discontinuation of the program.**

**I understand I will be immediately removed from the program in the situation of:**

- **Drug, tobacco or alcohol use/intoxication during mentoring sessions, sharing any of these products with a student, or use/intoxication any time I am with a student from the UFM Mentoring Program**
- **Participation in any activity outside of regular mentor session times without consent from the parent/guardian.**
- **Any form of sexual harassment, sexual abuse, or inappropriate comment to another mentor or a student. This includes, but is not limited to:**
  - Unwanted physical touching**
  - Forcing another person to physically touch the aggressor**
  - Forced intercourse including oral, vaginal or anal.**
  - Inappropriate and unwanted sexual comments**
- **Physical violence against another mentor, student or the Coordinator.**

**I understand I will be on Mentor Probation, which will include a meeting with the Coordinator to discuss my future participation in the situation of:**

- Missing a mentoring session without informing the coordinator AT LEAST 24 hours before the session begins**
- Missing a Mentor Meeting without providing notification and cause for missing meeting**
- Use of inappropriate language at any time during a mentoring activity.**

**I understand and will follow the rules and regulations of the UFM Teen Mentoring Program**

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Drug and Alcohol Policy**



***The use, possession, and/or intoxication from drugs and alcohol are strictly prohibited in the UFM Teen Mentoring Program.*** This includes all UFM sponsored activities involving students and mentors. I understand I will be immediately removed from the program, and, if applicable, prosecuted for my actions.


I understand drug and alcohol use, possession and/or intoxication is a zero tolerance issue at the UFM Teen Mentoring Program and I will accept responsibly if my actions defy this rule.


Signature \_\_\_\_\_

Date \_\_\_\_\_



## UFM Mentor Emergency Information

Mentor's  \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian:  \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell  
phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternative Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Mentor's Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_