

Mentor Job Description

The Bridge Youth & Family Services Mentor Program provides at-risk youth with the vital human connection and support they need to develop problem-solving, communication, and critical life skills.

Mentor Role

- Maintain a positive personal relationship
- Provide a positive role model
- Build the relationship by planning and participating in weekly activities together
- Help develop life-management skills
- Participate in setting goals and work toward accomplishing them
- Build self-esteem and motivation

Requirements

- Be 21 years old or older
- Ability to pass thorough criminal background, driver's and reference checks
- Agree to a one-year commitment
- Commit to participate in one-on-one activities as well as group activities
- Attend bi-monthly mentoring meetings
- Be willing to adhere to the policies and principles of service to the youth of The Bridge
- Complete the screening process
- Agree to attend mentor training as required
- Have a current driver's license, full coverage auto insurance if you plan to drive youth
- Adhere to a smoke-free, drug-free, and alcohol-free policy when working with youth

Desirable Qualities

- A sincere desire to mentor a young person
- Respect for young people
- Active listening skills
- Empathy
- Ability to see solutions and opportunities
- Flexibility

Screening Process

- Complete a written application
- Submit three references
- Participate in an in-depth interview with the Volunteer Manager
- Pass fingerprint criminal background, and driving record checks



Mentor Volunteer Application

VOLUNTEER INFORMATION			
Name:			
Date of birth:	Last 4 digits of SSN:	Email:	
Current address:			
City:	State:	ZIP Code:	
Phone# (h)	Phone# (c)		
How long have you lived in the area?			
EMPLOYMENT INFORMATION			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Previous work experience:			
VOLUNTEER EXPERIENCE, INTERESTS and SKILLS			
Previous volunteer experience, if any:			
Describe any specialized experience with youth, if any:			
Interests and hobbies:			
Special training, for example art, music, crafts, etc.			
Foreign language skills: <input type="checkbox"/> speak <input type="checkbox"/> read <input type="checkbox"/> write			Language:
3 PERSONAL REFERENCES (NON-RELATIVE)			
<i>REFERENCE #1</i>			
Name:	Relationship:	Phone:	
Current address:			
City:	State:	ZIP Code:	
<i>REFERENCE #2</i>			
Name:	Relationship:	Phone:	
Current address:			
City:	State:	ZIP Code:	
<i>REFERENCE #3</i>			
Name:	Relationship:	Phone:	
Current address:			
City:	State:	ZIP Code:	
PERSON TO NOTIFY IN CASE OF EMERGENCY			
Name:	Relationship:	Phone:	
ADDITIONAL INFORMATION			
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any medical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
Have you ever been or are you currently in recovery for alcohol or drug abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain here and request the <i>Consent to Release of Confidential Information</i> from the program coordinator.			
Signature:			Date: