



## **The CADY Mentoring Program**

**Clatsop County  
Juvenile Department**  
800 Exchange St  
2<sup>nd</sup> Floor  
Astoria, OR 97103  
(503) 325-8601  
(503) 338-3648 fax

**Program Coordinator  
& Case Manager:**  
Laura Parker  
lparker@co.clatsop.or.us

CADY Mentoring Program  
800 Exchange St  
2nd floor  
Astoria, OR 97103

Dear Prospective Mentor,

Mentoring is one of the most significant ways that you can make an impact on the life of a young person. A small time commitment can make a significant difference in a child's life. No special skills are needed, just the willingness to care and spend time with someone who needs you. Mentors share life experiences, support goals, and encourage children to reach their dreams and their full potential.

The Clatsop County Juvenile Department in partnership with Management & Training Corporation has established a mentoring program for the youth of Clatsop County. The Caring Adults Developing Youth (CADY) Mentoring Program focuses on encouraging school success and reducing school dropouts. This program benefits youth who have been identified to have risk factors in the "school failure" domain and at least one other risk domain (i.e. substance abuse, negative peer pressure, antisocial behavior, or poor family functioning) by providing a committed relationship with an adult.

Mentors are matched with youth ages 10-17. Mentors and Mentees meet once a week to establish a relationship that will focus on developing the youth's character, capabilities, and potential through enjoyable activities.

Currently, we are looking for adult Mentors. You have been referred as someone who has the skills and qualities CADY Mentoring is looking for in their Mentors. Please read the enclosed brochure for more information about the CADY Mentoring program.

If you are interested in becoming a mentor I have included a Mentor Application form to be filled out. Please fax completed forms to 338-3648 or mail to:

**CADY MENTORING PROGRAM**  
PO Box 302  
Astoria, OR 97103

For more information or to set up a meeting to discuss the program further please call the Clatsop County Juvenile Department at 325-8601.

Thank you,

Laura Parker  
CADY Mentoring Case Manager

# CARING ADULTS DEVELOPING YOUTH MENTORING PROGRAM

*Take the Time, Be the Difference!*

## Mentor Application

### Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Social Sec. #: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ Male ☐ Female

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

### Employment History

Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

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Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

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Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

### **Application Questions**

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor?
  
  
  
  
  
  
  
  
  
  
2. Do you have any previous experience volunteering or working with youth? If so, please specify.

3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
4. Can you commit to participate in the CADY Mentoring Program for a minimum of one year from the time you are matched with a youth?
5. Are you available to meet with a child eight hours per month and have contact at least once per week? Please explain any particular scheduling issues.
6. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.
7. How would you describe yourself as a person?
8. How would your friends, family, and co-workers describe you?
9. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
10. Have you ever used illegal drugs? If so, what substances were used and how often?

11. Are you currently using any illegal drugs or controlled substances?
12. Do you drink alcoholic beverages? If so, what and how often?
13. Have you ever been convicted of a DUI, drinking while under the influence of alcohol? If yes, when and what were the circumstances?
14. Do you use tobacco products? If so, what and how often?
15. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
16. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
17. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
18. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.

19. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?
  
20. Are you willing to attend an initial mentor training session and two in-service training sessions per year after being matched?

**Please read this carefully before signing:**

Caring Adults Developing Youth Mentoring Program appreciates your interest in becoming a mentor.

Please initial each of the following:

\_\_\_\_\_ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ I understand that Caring Adults Developing Youth Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_ (optional) I agree to allow Caring Adults Developing Youth Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license and proof of auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form
- DMV Release Form (state agency form)
- Criminal History Release Form (state agency form)
- Child Abuse and Neglect Release Form (state agency form)
- Sexual Offender Release Form (state agency form)

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return or mail this application and the items listed above to CADY Mentoring Program Coordinator, 800 Exchange St. 2<sup>nd</sup> floor Astoria, Oregon 97103.

# CARING ADULTS DEVELOPING YOUTH MENTORING PROGRAM

*Creating Vision Through Mentoring*

## Information Release

I, \_\_\_\_\_, understand it will be necessary for Caring Adults Developing Youth Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize CADY to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for CADY to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective Mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the Mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Full Name \_\_\_\_\_

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

Please list any other cities, states, and dates of residency during the past 10 years.

_____ City	_____ To (m/year)	_____ State	_____ From (m/year)
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_____ City	_____ To (m/year)	_____ State	_____ From (m/year)
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<hr/>	<hr/>	<hr/>	<hr/>
City		State	From (m/year)
To (m/year)			

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City		State	From (m/year)
To (m/year)			

# CARING ADULTS DEVELOPING YOUTH MENTORING PROGRAM

*Take the Time, Be the Difference!*

## Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information Caring Adults Developing Youth Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

**Clatsop County Juvenile Department**

Release for participation in group activities coordinated by  
The Clatsop County Juvenile Department Staff.

**Please read this carefully before signing:**

I release the Clatsop County Juvenile Department of all liability or injury, death, or other damages to me, my child, family estate, heirs, or assigns that may result from his/her participation in the any Clatsop County Juvenile Department activity, including, but not limited to transportation, and hold harmless any Clatsop County Juvenile Department program staff, or other representatives, both collectively and individually, of any injury, physical or emotional. I further understand that accidents and injuries can arise out of this event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless The Clatsop County Juvenile Department staff, any staff member, or other representatives who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Participation in activities coordinated by The Clatsop County Juvenile Department staff is voluntary. I acknowledge that I will be transported by Clatsop County Juvenile Department staff or representatives while participating in the Clatsop County Juvenile Department Youth Programs, and that such transportation is voluntary and at his/her own risk.

I authorize The Clatsop County Juvenile Department staff and/or representatives to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of an accident or illness, and I will provide for the payment of these costs.

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number \_\_\_\_\_

# CARING ADULTS DEVELOPING YOUTH MENTORING PROGRAM

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## Mentor Interest Survey

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete all the following. This survey will help Caring Adults Developing Youth Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your Mentee? Please check all that apply.

Weekdays: \_\_\_\_ Lunchtime: \_\_\_\_ After school: \_\_\_\_ Evenings: \_\_\_\_ Weekends: \_\_\_\_  
Other: \_\_\_\_

Please indicate age group(s) and/or you are interested in working with:

Age : \_\_\_\_10–13 \_\_\_\_14–17 Ethnicity: \_\_\_\_\_

Do you speak any languages other than English? If so, which languages?

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with. \_\_\_\_\_

What are some favorite things you like to do with other people?

What are your favorite subjects to read about?

What is your job and how did you choose this field?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas