

# Mentors Plus

## Program Forms

### Mentor Application and Forms

To facilitate consistent and expedient screening and orientation procedures, prospective volunteers are encouraged to contact Volunteer Programs at Youth Assistance Central Office. Upon doing so, a general overview of the volunteer opportunities available within Mentors Plus is given, as well as specific details about program responsibilities, requirements, rewards, etc. If the volunteer is interested in proceeding further, a packet, which includes an introductory letter, orientation/training information, application forms, a map and a postage paid return envelope, is sent.

The following forms are required for the mentor application process and for subsequent monitoring:

- Application Form
- Volunteer Preference
- Criminal History
- Protective Service Clearance (together with a copy of driver's license)
- Confidential Release of Information
- Program Agreement Form

Please return the completed application forms to:

**Oakland County Circuit Court – Family Division, Youth Assistance Mentors Plus Dept  
452, 1200 N Telegraph Road Bldg 14 East, Pontiac MI 48341-0452**

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PAMELA J. MONVILLE  
Deputy Court Administrator

State of Michigan



LIZ CSIZMADIA  
Chief of Youth Assistance  
(248) 858-0055  
FAX (248) 858-1493

*The Circuit Court  
for The Sixth Judicial Circuit-Family Division  
County of Oakland*

**YOUTH ASSISTANCE VOLUNTEER PROGRAMS APPLICATION FORM**  
*(Please type or print clearly.)*

**PERSONAL:**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

HOW LONG AT THE ABOVE ADDRESS: \_\_\_\_\_ IF LESS THAN 2 YEARS, LAST PRIOR ADDRESS: \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ SCHOOL DISTRICT: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

WHO IS YOUR AUTO INSURER? \_\_\_\_\_ POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

MARITAL STATUS: Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

IF MARRIED, HOW LONG? \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

DO YOU HAVE CHILDREN? Yes ☐ No ☐ IF YES, WHAT ARE THEIR NAMES AND AGES: \_\_\_\_\_

**EDUCATION:**

HIGH SCHOOL: \_\_\_\_\_ GRADUATED: Yes ☐ No ☐

COLLEGE: \_\_\_\_\_ GRADUATED: Yes ☐ No ☐

DEGREE: \_\_\_\_\_ FIELD OF STUDY: \_\_\_\_\_

**EMPLOYMENT:**

PRESENT OCCUPATION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

NAME AND ADDRESS OF EMPLOYER: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ IF LESS THAN 2 YEARS, LIST PRIOR EMPLOYER: \_\_\_\_\_

SPOUSE'S OCCUPATION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

NAME AND ADDRESS OF EMPLOYER: \_\_\_\_\_

**HEALTH AND ACTIVITIES:**

Have you ever been treated for, or do you have any health problems, physical or emotional, that could affect your activities with a youngster?

Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

Have you done any previous volunteer work? Yes ☐ No ☐

If yes, please explain and describe work: \_\_\_\_\_

Please list any clubs, organizations, churches, synagogues, and other groups that you belong to: \_\_\_\_\_

Please list your interests, hobbies, and skills: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Have you contacted us before? Yes ☐ No ☐ If so, when? \_\_\_\_\_

Which program do you prefer? (*Please check*) Mentors Plus PREVENTION\* ☐ Mentors Plus INTERVENTION\* ☐

Administrative: Committee/Board Work/Office ☐ Guardianship ☐ Other ☐ \*One-to-One/Youth Mentor

If Mentors Plus, PLEASE NOTE THE TYPE OF CHILD YOU WOULD LIKE TO BE MATCHED WITH (*Specify age, sex, and personality type, such as athletic, outgoing, quiet, etc.*): \_\_\_\_\_

If you're matched, will anyone go with you on your visit (e.g. spouse, friend, etc.)? Yes ☐ No ☐ If yes, who? \_\_\_\_\_

Why do you want to be a volunteer? \_\_\_\_\_

#### REFERENCES:

Please list three (3) character references: one relative, one friend (of at least 2 years), and one work related.

1. \_\_\_\_\_  
(full name of **RELATIVE**) (phone number) (occupation)

\_\_\_\_\_ (street address) (city) (state) (zip)

2. \_\_\_\_\_  
(full name of **FRIEND**) (phone number) (occupation)

\_\_\_\_\_ (street address) (city) (state) (zip)

3. \_\_\_\_\_  
(full name of **CO-WORKER**) (phone number) (occupation)

\_\_\_\_\_ (street address) (city) (state) (zip)

Have you ever been arrested? Yes ☐ No ☐ If yes, please explain: \_\_\_\_\_

Have you ever been involved in courtaction? Yes ☐ No ☐ If yes, please explain: \_\_\_\_\_

I certify that the above information is complete and true. I understand that references will be contacted, and a police check will be processed. I understand that the program is not obligated to assign me if, in the program's professional judgment, it would not be in my best interest or the best interests of the children served by the program.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

#### PLEASE RETURN TO:

OAKLAND COUNTY CIRCUIT COURT-FAMILY DIVISION  
YOUTH ASSISTANCE VOLUNTEER PROGRAMS  
1200 NORTH TELEGRAPH ROAD, BUILDING 14 EAST  
PONTIAC, MI 48341-0452

D:\\$data\Application Packet\program\_application\_form.doc/5.03

# WHO I'D LIKE TO BE A VOLUNTEER WITH

Name of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

While it may take more time, we'd like to try and match you with the child you can best work with, and we believe you're the best judge of that. Please check your preference for a volunteer assignment. Check as many as are appropriate for you. If a characteristic does not matter, check the blank for "It makes no difference."

## I THINK I HAVE THE BEST CHANCE OF SUCCESS AND SATISFACTION WORKING WITH:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> a boy           | <input type="checkbox"/> a girl            | <input type="checkbox"/> It makes no difference. |
| <input type="checkbox"/> 7-9 year old    | <input type="checkbox"/> 10-11 year old    | <input type="checkbox"/> It makes no difference. |
| <input type="checkbox"/> 12-13 year old  | <input type="checkbox"/> 14-16 year old    | <input type="checkbox"/> It makes no difference. |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Hispanic American | <input type="checkbox"/> African American        |
| <input type="checkbox"/> Oriental        | <input type="checkbox"/> Caucasian         | <input type="checkbox"/> It makes no difference. |

A YOUNGSTER WHO LIVES IN: ☐ My own community ☐ A nearby community

Please specify  
areas:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Christian   | <input type="checkbox"/> Jewish   | <input type="checkbox"/> It makes no difference. |
| (specify):   |   |  |
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Atheist  | <input type="checkbox"/> Moslem                  |
| <input type="checkbox"/> Someone who may have some physical problem or disability.       | <input type="checkbox"/> Someone who doesn't have a physical problem or disability.         | <input type="checkbox"/> It makes no difference. |
| <input type="checkbox"/> A "tougher situation," someone who has more difficult problems. | <input type="checkbox"/> An "easier situation," someone who has less difficult problems.    | <input type="checkbox"/> It makes no difference. |
| <input type="checkbox"/> Someone who's doing reasonably well at school or job.           | <input type="checkbox"/> Someone who isn't doing well at school or job.                     | <input type="checkbox"/> It makes no difference. |
| <input type="checkbox"/> Someone who is reasonably intelligent/understands things well.  | <input type="checkbox"/> Someone who has low intelligence and trouble understanding things. | <input type="checkbox"/> It makes no difference. |
| <input type="checkbox"/> Someone who attends religious services regularly.               | <input type="checkbox"/> Someone who attends religious services once in awhile.             | <input type="checkbox"/> It makes no difference. |
| <input type="checkbox"/> Someone who never attends religious services.                   |   |  |
| <input type="checkbox"/> Someone who comes from a large family.                          | <input type="checkbox"/> Someone who comes from a small family.                             | <input type="checkbox"/> It makes no difference. |
| <input type="checkbox"/> Someone who comes from a family that has stayed together.       | <input type="checkbox"/> Someone who comes from a broken home.                              | <input type="checkbox"/> It makes no difference. |

We believe we should, **if possible**, avoid matching you with someone you have a strong objection to working with, so please indicate how you feel about the special problems below. It's natural for some people to have objections, and it's your privilege to have them, so please be perfectly frank.

I have strong objections to working with a child who has a family member with A.I.D.S.:

☐ YES

☐ NO

I have strong objections to working with a drug offender/alcoholic.

☐ YES

☐ NO

I have strong objections to working with a child who has been sexually molested.

☐ YES

☐ NO

# DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

(Revised 11-22a)

**COPY PHOTO ID HERE**  
**OR**  
**ATTACH A SEPARATE PAGE**

## SECTION 1 – INFORMATION ON PERSON BEING CLEARED

|  |   |                |
|--|---|----------------|
| Name, (First, Middle, Last)  | Signature Required for Individual Being Cleared | Date           |
| Maiden Name, Aliases, also known as (A.K.A)  | Social Security Number                          | Date of Birth  |
| Address  | City  | State Zip Code |
| Phone Number   | Email   |                |
| <input type="checkbox"/> I am completing this for myself.  |   |                |
| <input type="checkbox"/> I would like to pick up my results in County (For Michigan Residents Only). |   |                |

## SECTION 2 – REQUESTER INFORMATION

|   |      |                   |          |
|---|------|-------------------|----------|
| Check Appropriate Box   |      |                   |          |
| <input type="checkbox"/> Employer   |      |                   |          |
| <input type="checkbox"/> Volunteer Agency   |      |                   |          |
| <input type="checkbox"/> Adoption/Foster Care Home Screening                                  |      |                   |          |
| <input type="checkbox"/> Court/Law Enforcement/Department of Corrections/Prosecuting Attorney |      |                   |          |
| <input type="checkbox"/> Child Caring Institution   |      |                   |          |
| <input type="checkbox"/> Other  |      |                   |          |
| Name of Agency or Organization  |      | Name of Requester |          |
| Address   | City | State             | Zip Code |
| Email   | Fax  | Phone Number      |          |

Effective November 1, 2022, only confirmed cases of methamphetamine production, confirmed serious abuse or neglect, confirmed sexual abuse, or confirmed sexual exploitation will be classified as a central registry case in Michigan. Individuals may have child welfare history that previously resulted in central



Program: Mentors Plus

### Volunteer Consent to Background Check

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

E-Mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

DOB: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Do you have a driver's license: \_\_\_\_\_ If yes, state of issue and #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
(Yes/No)

(1) Most Previous Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

From: \_\_\_\_\_ To: \_\_\_\_\_

(2) Most Previous Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

From: \_\_\_\_\_ To: \_\_\_\_\_

(3) Most Previous Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

From: \_\_\_\_\_ To: \_\_\_\_\_

### Consent to Conduct Background Check

By signing below you grant permission to Oakland County Youth Assistance to conduct a criminal records check through various local, state, and national databases. Furthermore by signing below you acknowledge that Oakland County Youth Assistance is not obligated to share with you the results of the background check or to place you in a mentor/mentee relationship.

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

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

**PAMELA J. MONVILLE**

Deputy Court  
Administrator

*State of Michigan*



**LIZ CSIZMADIA**

Chief  
of Youth Assistance  
(248) 858-0055  
FAX (248) 858-1493

*The Circuit Court  
for The Sixth Judicial Circuit-Family Division  
County of Oakland*

**AUTHORIZATION TO RELEASE  
CONFIDENTIAL INFORMATION**

*This is an authorization to release information regarding Volunteer Program application materials, including, but not limited to: application form, reference letters, etc., from the file of:*

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

Date of Birth: \_\_\_\_\_

The above named volunteer gives authorization to Volunteer Program staff to send information to:  
Local Youth Assistance caseworkers and Mentors Plus committee members, Juvenile Court probation  
staff, Children's Village personnel (i.e., building counselors, program or intake team chiefs, clinicians,  
program supervisors or administrative persons), and Crossroads for Youth personnel.

Additional information to be released:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

This authorization is valid for only the information, agencies and persons cited above. Further sharing of this information is not permitted without further specific authorization.





## VOLUNTEER PROGRAMS AGREEMENT

|                          |  |
|--------------------------|--|
| <b>Applicant's Name:</b> |  |
|--------------------------|--|

**As a member of the Volunteer Programs, I understand and agree to the following:**

1. I agree to be interviewed, and the interview will include my past history and current status. I am willing to provide additional information to that which is on my application form.
2. I understand that a Police Records Check is one of the criteria for determining my eligibility, and hereby authorize such confidential investigation.
3. I agree, upon acceptance into the Volunteer Programs, that: I will meet with my matched child for a minimum of two hours per week for a period of one year, and I will make a legitimate effort to be on time for my scheduled visits.
4. **I UNDERSTAND AND AGREE THAT NO OVERNIGHT VISITS WILL OCCUR AT ANY TIME OR UNDER ANY CIRCUMSTANCES.**
5. I pledge to conduct myself as a good citizen while with my matched youngster and will not engage in any activities that would reflect negatively on me as a role model or on the sponsoring program as a whole. I, furthermore, specifically agree to keep matters confidential which concern the child and his/her family, unless it involves any abuse, neglect, illegal activity, or if I have concern that another may be in danger.
6. **I agree to be responsible for choosing activities to do with my mentee that are safe and do not involve unreasonable risk. Due to insurance limitations, the use of trampolines is prohibited.**
7. I agree not to use alcoholic beverages or other intoxicants while in the presence of my match.
8. **I understand that a home visit may be done prior to taking children for home visits and that this home visit may be updated periodically.**
9. I agree to complete MONTHLY REPORTS on my volunteer experiences.
10. I will notify the designated contact person whenever any change in my situation occurs (i.e., address, phone, employment, family, arrest/driving record, etc.), whenever there is a developing concern about my match, and to communicate any problems or roadblocks when they happen.
11. The Mentors Plus program has the right to deny my application as a volunteer without explanation.
12. I understand that the Mentors Plus program is not obligated to assign me to a child or continue my assignment if, in the program's professional judgment, it would not be in my best interest or the best interest of the children served by the program.

**I agree to abide by the above program agreement. I understand that failure to abide by the above program policies and procedures is cause to discontinue the match.**

*Signature of Applicant:* \_\_\_\_\_ *Date:* \_\_\_\_\_



**Be a friend. Show the way.**

# Mentors Plus

Oakland County Youth Assistance



**Have a little extra time?  
Make a difference  
in a life.**

## To learn more about Mentors Plus...

Call Oakland County Youth Assistance today.

You can request a general information packet and application, or you can learn when the next orientation session will take place. Staff members also will be happy to answer your questions.



**Oakland County Circuit Court - Family Division  
Oakland County Youth Assistance, Dept. 452  
1200 North Telegraph Road - Bldg. 14 East  
Pontiac, MI 48341-0452  
248/858-0041**

*Hon. Mary Ellen Brennan, Hon. Jacob James Cunningham, Hon. Kameshia Gant, Lisa Gorcyca,  
Hon. Lisa Langton, Hon. Julie A. McDonald, Hon. Victoria A. Valentine*



Oakland County does not discriminate on the basis of disability in admission or access to its programs, activities or services as required by Title II of the Americans with Disabilities Act of 1990.  
Oakland County is an Equal Employment Opportunity Employer.

02-11



**This might be right for you.**

Are you concerned about kids and their problems? Are you comfortable listening, talking and having fun with young people? Can you commit to spending a couple of hours each week for at least a year? Will you undertake several hours of training, agree to a police background check, and provide several references?

If you answered YES to all of the above questions, we hope you'll call. Soon. A young person can benefit from your caring.

The need is especially great for responsible male and minority volunteers.

*If you have a little extra time, you really will make a difference in a life.*



## It really doesn't take much to make a difference in a life.

A little time each week. A little caring. A little piece of yourself, reserved just for a special kid who needs it. And Mentors Plus, to put the two of you together and help you learn from each other.

Mentors Plus, sponsored by Oakland County Youth Assistance (a part of the Oakland County courts), has been matching caring adults with young people who need them since 1973. Thousands of "matches" have been made, many of which have grown into lasting friendships. You can choose the sort of involvement that seems right for you: prevention, working with an at-risk youngster, or intervention, helping to guide a young person with minor court involvement back onto the right track.

## Mentors Plus... Plus WHAT?

### Plus **FUN.**

Being a mentor is an important contribution, and it's a serious responsibility. But it's also a lot of fun. Your time together can include anything from sharing a movie to taking a walk to hitting a baseball. The important thing is the time, and the good feelings it brings to you both.

### Plus **SHARING.**

Sure, you'll be strangers at first. But before long, you'll be surprised at what you can share. Thoughts, and ideas, and likes and dislikes. And, most importantly, you'll be sharing a bit of yourself with someone who can benefit from your responsible example.

### Plus **FRIENDS.**

You'll not only gain one very special young friend, you'll also have opportunities to meet other volunteers and their matches, as well as members of your own local Mentors Plus volunteer advisory committee. They share your concern for kids, and they'll welcome you warmly into their ongoing efforts to help make childhood and the teen years secure and positive.

### Plus **RESULTS.**

You know that mentoring sounds like a great idea. But did you know that it actually works? Reliable statistics from a long-term mentoring program say that, after only 18 months, youngsters who met with their mentors an average of three times per month were 46 percent less likely than a control group to start using drugs, 27 percent less likely to start drinking, 53 percent less likely to skip school, and 37 percent less likely to skip a class.

They also were more confident in their schoolwork, less likely to hit someone, and doing better within their families.

Just think...Only a few hours each month can have an impact that dramatic. Can you think of a better way to spend time?

