



# Mentor Packet

**Directions: Please fill out the pages included in this packet and return them to Pam Hyatt at The Dream Center. Once your background check clears, you will be contacted by Pam and you can work out a schedule together that works best for you. You are welcome to observe with a staff member before you start your mentorship. Just contact Pam if you would like to do this. Thank you again for your interest!**





**TO:** Potential Mentors for The Dream Center

**FROM:** Pam Hyatt, After-School Program Director

**RE:** Mentor Application

Thank you for your interest in The Dream Center Volunteer program. We look forward to the many opportunities we will have to affect change in the lives of the children we serve. The Dream Center is a faith-based, free after school program offered for under resourced children in the Randleman and Asheboro area. The program offers enrichment to families with children in grades K-5. We desire to help students reach their potential and to infuse them with the ability to look beyond their current circumstances to have the courage to dream of a better life and successful future.

Our vision is to inspire and influence the at-risk children in our area by fostering consistent mentor relationships and providing them with energized educated role models. To do this, we want to mentor, inspire, and support students while they take their next step to becoming responsible, respectful compassionate citizens. Together we can serve our community by making a difference in the lives of our children.

Here at The Dream Center, our desire is to help students be the best they can be. We want to be able to set up our students with mentors that can invest in a student one-on-one to help guide and support them along with the staff here at The Dream Center. Our hope is that our mentors will commit to **4 hours a month** at The Dream Center.

There are many ways our mentors can help us to be successful. Listed below are *some* ways you will be used for while mentoring.

- ❖ Tutor a student in math or reading
- ❖ Help during homework time
- ❖ Chaperone a field trip
- ❖ Share a talent with large or small group of students
- ❖ Read a book to a child
- ❖ Help lead and participate in break out activities
- ❖ Be a friend to the student who needs a friend
- ❖ **MOST IMPORTANTLY** get to know the student and family you are paired with and invest quality time as a mentor.

If you are interested in becoming a mentor, please fill out the attached papers and return to The Dream Center office. There will be a training session help each month as we continue to add mentors. We will be happy to share more with you about The Dream Center or answer any questions you might have. We invite you to pray and consider joining us in this effort.

Thanks for your interest in the students of our community!

  
Pam Hyatt, Director





## Requirements for Mentors:

- Fill out Emergency Information for Staff health form Completed
- Fill out Criminal Background Check Authorization form Completed
- Fill out Notice: Child Care Provider Mandatory Criminal History Check statement Completed and Signed
- Personal Questionnaire pertaining to lifestyle and legal concerns
- Sign a copy of Vision, Mission, and Values of the Dream Center sheet

## Information Sheet:

<b>Name:</b>
<b>Email:</b>
<b>Home Phone:</b>
<b>Cell Phone</b>
<b>Address:</b>
<b>Special Talents or Interests:</b>
<b>Days/Times Available (Dream Center is open Monday – Thursday from 2:30 – 5:30)</b>

## Personal and Spiritual History:

Are you a following of Jesus Christ? Write a brief testimony about how you came to know Him.



**How would you describe your spiritual journey now?**

**What people or experiences have been most significant in your growth as a Christian?**

**What do you do when you have conflict with someone? How do you handle confrontation?**

**Why are you interested in becoming a mentor?**



## Lifestyle and Legal Concerns:

*In caring for students at The Dream Center, we believe that it is our responsibility to seek a mentor that is able to provide healthy, safe, and nurturing relationships. Please answer the following questions accordingly. Any special concerns can be discussed individually with The Dream Center Director.*

Are you using illegal drugs?  Yes  No

Have you ever gone through treatment for drug or alcohol abuse?  Yes  No

If yes, please explain:

What is your view on drinking alcohol?

Have you ever been arrested and/or convicted of a crime?  Yes  No

If yes, please explain:

Have you ever had sexual relations with any minor after you became an adult?  Yes  No

Have you ever been accused or convicted of any form of child abuse?  Yes  No

Have you ever been a victim of any form of child abuse?  Yes  No

Are you willing to have a background check performed?  Yes  No

Do you view X-rated movies, visit adult bookstores, read X-rated magazines or look at internet pornography?  Yes  No

Are you currently maintaining a personal blog, website, twitter, or Facebook account? If yes, please provide addresses/URL's:



### EMERGENCY INFORMATION ON STAFF

NAME: _____	
ADDRESS: _____	
NAME OF DOCTOR: _____	PHONE: _____
HOSPITAL PREFERENCE: _____	PHONE: _____
NAME OF DENTIST: _____	PHONE: _____
To avoid any adverse drug reaction during an emergency, please list medications you are taking: _____	
_____	
ALLERGIES: _____	
BLOOD TYPE (if known.) _____	
LIST OPERATIONS OR HOSPITALIZATIONS WITHIN THE PAST YEAR: _____	
_____	
LIST CHRONIC MEDICAL PROBLEMS REQUIRING A DOCTOR'S CARE: _____	
_____	
EMERGENCY CONTACT PERSONS:	
NAME: _____	RELATIONSHIP _____
ADDRESS: _____	
HOME PHONE: _____	BUSINESS PHONE: _____
NAME: _____	RELATIONSHIP _____
ADDRESS: _____	
HOME PHONE: _____	BUSINESS PHONE: _____

### STAFF HEALTH QUESTIONNAIRE

**IMPORTANT** — Current health information must be completed annually by:  
All staff (including the director). (2) All volunteers\* and substitutes\* prior to their coming into contact with the children.

NAME: _____	
HOME ADDRESS: _____	
TELEPHONE NUMBER: _____	
HEALTH STATUS:	
1. I am in excellent mental and physical health and am free of communicable disease. (If no, please explain.) _____	
_____	
2. I take the following medications regularly (please explain): _____	
_____	
This health statement is accurate to the best of my knowledge. I will advise the director if my health status changes.	
Signature: _____	Date: _____
_____	
_____	
*Any substitute or volunteer who is counted in the mandatory staff-child ratio must comply with the health standards for staff.	



**CONFIDENTIAL**

**Background Check Authorization**

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **North Ridge Church** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **North Ridge Church** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**\*\*North Ridge Church** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

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

**Notice to California, Minnesota and Oklahoma Residents:**

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.



**NOTICE**  
**CHILD CARE PROVIDER MANDATORY CRIMINAL HISTORY CHECK**

North Carolina law requires that a criminal history check be conducted on all persons who provide child care in a licensed or registered child care facility, and all persons providing child care in nonlicensed child care homes, or facilities that receive state or federal funds.

"Criminal history" includes county, state, and federal convictions or pending indictments of any of the following crimes: the following Articles of Chapter 14 of the General Statutes: Article 6, Homicide; Article 7A, Rape and Kindred Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 26, Offenses Against Public Morality and Decency; Article 27, Prostitution; Article 39, Protection of Minors; Article 40, Protection of the Family; and Article 59, Public Intoxication; violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5; or similar crimes under federal law or under the laws of other states. Your fingerprints will be used to check the criminal history records of the State Bureau of Investigation (SBI) and the Federal Bureau of Investigation (FBI).

If it is determined, based on your criminal history, that you are unfit to have responsibility for the safety and well-being of children, you shall have the opportunity to complete, or challenge the accuracy of, the information contained in the SBI or FBI identification records.

If you disagree with the determination of the North Carolina Department of Health and Human Services on your fitness to provide child care, you may file a civil lawsuit in the district court in the county where you live.

Any child care provider who intentionally falsifies any information required to be furnished to conduct the criminal history shall be guilty of a Class 2 misdemeanor.

**PRIOR CONVICTION/PENDING INDICTMENT STATEMENT**

**(Please check one)**

\_\_\_ I swear, under penalty of perjury, that I **have** been convicted of a crime and/or I **have** pending indictments or pending charges that are not minor traffic violations.

\_\_\_ I swear, under penalty of perjury, that I **have not** been convicted of a crime, **nor** have any pending indictments or pending charges, other than a minor traffic violation.

I also swear that I am \_\_\_\_\_, am not \_\_\_ under a deferred prosecution agreement or on probation for a crime. If I have been convicted of a crime, have pending indictments or pending charges, am under a deferred prosecution agreement, have received a Prayer for Judgment, or am on probation for a crime, I understand that my employment is conditional pending approval from the Division of Child Development. I also understand that I may submit to the Division of Child Development additional information concerning the conviction or charges that could be used by the Division in making the determination of my qualification for employment. The Division may consider the following in making their decision: length of time since conviction; nature of the crime; circumstances surrounding the commission of the offense or offenses; evidence of rehabilitation; number of prior offenses; and my age at the time of occurrence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

The Division of Child Development makes no representations regarding this person's eligibility to provide child care based solely on this Statement.

Maintain Original Form in Employee Personnel File

<b>4.</b>	<b>We value everyone playing his or her part on the team</b>	We believe in a cooperative learning community that depends on the children, teachers, and families to work together to inspire a joy and wonder in learning. (1 Corinthians 12:4-6)
<b>5.</b>	<b>We value clear Biblical teaching</b>	We believe that the spiritual formation of the individual is inseparable from the intellectual formation and is deepened by age-appropriate focus on scripture. (2 Timothy 3:16, John 1:1)
<b>6.</b>	<b>We value mentorship with the students and families</b>	We believe that that the education of a person is an unending, nurturing process that begins at home with the family and extends to the learning center through loving interaction with others. (Titus 2:15, Galatians 5:22-23)
<b>7.</b>	<b>We strive for excellence</b>	We seek to provide the highest quality learning environment where each student is prepared to serve as a leader and citizen of the world (1 Corinthians 10:31, 2 Corinthians 8:7)
<b>8.</b>	<b>We embrace innovation</b>	We embrace the most effective methods and materials in the field of education for our programs cultivating a community of professional learners among our staff grounded in faith (Exodus 35:31-32)
<b>9.</b>	<b>We value leadership</b>	We commit to nurture the individuals called to lead in our programs, knowing their ability to show the love of Christ to children and their families is one of our greatest assets. (Philippians 2:4, Psalm 78:72)
<b>10.</b>	<b>We practice whole-hearted devotion to Jesus</b>	Our faith is what sets this educational experience apart from others. We are called to prepare our own hearts and minds in Christ in order to serve others. (Proverbs 3:5-6, John 14:15)
<b>11.</b>	<b>We engage in community transformation</b>	The future of any society rests on its ability to foster healthy development in its next generation. Through Christ, we engage our community in an educational movement to captivate hearts and minds of our children now and for generations to come. This will enable students to become great leaders and equip them for their world. (John 13:34-35, Romans 12:9-10, Hebrews 10:24-35)

*If you agree to the above vision, mission, and values, please sign and date below.*

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

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