



AIDMORE
CHILDRENS CENTER

2394 Morrison Road • Conyers, Georgia 30094 • (770) 483-3535

VOLUNTEER/MENTOR APPLICATION

The information on this application is requested to match your skills, aptitudes and interests to our mentor program. This information will be available to our staff when requesting volunteers/mentors for the agency and our residents. If you have any questions regarding the privacy of this information, you may discuss it with the Mentor Director, Karen Coe.

Date of Application: _____

Name: _____

Home phone: _____

Address: _____

Work phone: _____

City: _____

State: _____ Zip: _____

E-mail Address: _____

Name and Address of Employer: _____

Job title: _____

Why did you choose your career? _____

Level of Education (circle one) 7 8 9 10 11 12 College: 1 2 3 4

High school name and State: _____

College/University name and State: _____

List major and minor (if applicable) _____

Why did you choose your course of study? _____

List special training, skills and/or hobbies: _____

List groups, clubs and/or organizations that you are presently a member of _____



Please list four references (Please indicate one family member, one personal friend and two work references):

Name _____
Address _____
City _____
State & Zip _____
Phone (H) _____
(W) _____
Relationship _____

Name _____
Address _____
City _____
State & Zip _____
Phone (H) _____
(W) _____
Relationship _____

Name _____
Address _____
City _____
State & Zip _____
Phone (H) _____
(W) _____
Relationship _____

Name _____
Address _____
City _____
State & Zip _____
Phone (H) _____
(W) _____
Relationship _____

I certify, to the best of my ability, that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent volunteer information forms, is grounds for dismissal.

Date _____ Signature _____

**EMPLOYEE/VOLUNTEER
PERSONAL AUTO VERIFICATION FORM**

ALL EMPLOYEES AND VOLUNTEERS MUST CARRY AUTO INSURANCE IN THE AMOUNT REQUIRED BY THE STATE.

Name of Employee/Volunteer _____

Do you have a driver's license? Yes No If yes, DL# _____

Car insurance? Yes No

If yes, Insurance agency name _____

Agent's name _____ Phone _____

Policy Number _____

By signing below, I agree to notify Elks Aidmore Children's Center of any changes in my auto insurance coverage.

Date _____ Signature _____

A copy of your driver's license and insurance card/policy depicting date of issuance, date of expiration and outline of coverage is required.

VOLUNTEER APPLICATION RELEASE FORM

I understand it will be necessary for Elks Aidmore Children's Center to investigate my background, including character references provided by me. I hereby give my consent for this exchange of information and authorize such references to release any information requested by Elks Aidmore Children's Center.

I further authorize agencies, including employers, courts (juvenile and criminal), police departments, social services, and/or any other agencies or persons with whom I have had contact, to release information as requested.

I understand this information will be treated as confidential according to the policies of Elks Aidmore Children's Center.

Applicant's Name (Please print): _____

Social Security Number: _____

Dated this _____ day of _____, 20_____.

Applicant's Signature: _____

Rockdale County Sheriff's Office
Acknowledge, Waiver and Authorization

By the undersigned person's signature below, the undersigned person acknowledges the truth and accuracy of the following facts, and further acknowledge that the Rockdale County Sheriff's Office, including, but not limited to it's officers, employee's deputies and agents, is relying on the truthfulness and accuracy of the information provided below in it's performance of the Criminal Record check of the undersigned person.

1. The undersigned person hereby authorizes Elks Aidmore to receive a copy of any Criminal history which may be in the files of any local criminal justice agency.
2. The undersigned person further understands that the Rockdale County Sheriff's Office will conduct a criminal record check of the undersigned person through the Georgia Criminal Information Center (GCIC) of the undersigned through the Georgia State Patrol.
3. By the undersigned applicant's signature below, the undersigned person specifically gives his or her consent for the Rockdale County Sheriff's Office to conduct record checks of the undersigned person through the agencies listed above.
4. By the undersigned person's signature below, the undersigned applicant swears under the penalty of perjury that the information provided herein below regarding the undersigned person is true and correct to the best of the undersigned person's knowledge and belief.

Last name, First name, Middle name

Social Security Number

Street Address (cannot be post office box)

City

State

Zip Code

Sex

Race

Date of Birth

Drivers License Number and State

Signature

Date

Sworn to and subscribed before the undersigned Notary Public

This _____ day of _____

RECORDS CHECK APPLICATION

(See Instructions on Back of Form)

TO BE COMPLETED BY APPLICANT:

1. APPLICANT TYPE Director/Manager Owner Foster Parent
 Potential Employee Non-Employee
(REGULAR CONTACT WITH CHILDREN, VOLUNTEER, FAMILY MEMBERS)

2. Print Full Name _____
(Last, First, Middle, Maiden) _____ (Date of Birth) _____

(Sex) _____ (Race) _____ (Social Security Number) _____ (Place of Birth) _____

(Height) _____ (Weight) _____ (Eyes) _____ (Hair) _____ (Home Telephone Number) _____

(Home Address Street City State Zip) _____

3. I hereby authorize the Department of Human Resources/Office of Regulatory Services and my potential employer named below to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. As required by Law, I have attached an affidavit disclosing the nature and date of any arrest, charge, conviction for the violation of any law in any state, except for motor vehicle parking violation.

(Notary) _____ (Applicant Signature) _____

Notary Public _____, Georgia My Commission Expires: _____
(County) (Date)

4. TO BE COMPLETED BY DIRECTOR/OWNER:

(Name of Facility) _____ (County) _____

(Mailing Address) _____ (Surveyor) _____

(City, State, Zip Code) _____

5. TYPE OF FACILITY: (CHECK ONE)

CHILD CARE

- Day Care Center (licensed for 19 or more children)
- Group Day Care Home (licensed for 7-18 children)
- Family Day Care Home (6 children or less)
- Child Placing Agency (Foster Families)
- Residential Child Care Institution (licensed for 13 or more children)
- Residential Group Home (licensed for maximum of 12 children)

6. My Signature indicated that I as Director/Owner have verified the above information on the above applicant

(Director/Owner's Signature) _____ (Date) _____ (Telephone of Facility) _____

YOU MAY DUPLICATE AND KEEP FOR YOUR RECORDS

Mentor Volunteer Job Description

Elks Aidmore Children's Center
2394 Morrison Road
Conyers, GA 30094
770-483-3535

Purpose

Elks Aidmore is a private, non-profit residential group home facility, whose primary mission is to provide long term residential care for troubled adolescent females, focusing on issues associated with abuse, abandonment and neglect. The purpose of the Mentoring Program is to provide residents with no visiting resources an adult companion who can serve as a positive role model, a friend and a great listener, a caring instructor and a resource guide. It is our mission to ensure that everyday we will strive to provide a loving environment where each child in our care feels safe, encouraged, supported and worthy of a good life.

Duties/Responsibilities

Each mentor will be assigned one child. The mentor will be responsible for meeting with the child at least two (2) hours per week or a total of eight (8) hours per month. A one-year commitment is required. The mentor is required to attend monthly meetings. At that time, questions, concerns and program improvements can be addressed. The mentor is also required to attend an orientation to learn more about the organization. The mentor may be asked to work on certain aspects of the child's development. She will work closely with the mentoring program coordinator, therapist, cottage coordinator and cottage staff through phone contact, personal conferences and monthly meetings to better understand the child and to facilitated activities to help the child. The mentor will keep a monthly volunteer journal of activities and time spent with the child. The journals are due to the mentoring program coordinator by the 3rd of each month. The mentor will serve as a role model to demonstrate that adults can give respect and should receive respect. Improved self-image and self-discipline for the child are important goals of the relationship.

It should be emphasized that the mentor in no way replaces the parent or caretaker. The mentor's job is to provide an interested, compassionate friendship. Our goal is that the relationship will continue through adulthood for the child.

Requirements/Qualifications

Persons interested in becoming a mentor must be at least 21 years of age and a legal US citizen. The mentor must show a sincere interest in wanting to help a child, show an interest and respect for young people, show an interest in connecting generations, and be committed to spending the required program

hours (2 hours per week) with the child. The volunteer mentor must agree to complete a mentor application, orientation and training, background check, show proof of a valid Georgia drivers license, a three-year driving record and current auto insurance.

The volunteer mentor should have the ability to accept and relate to children who may not share the same lifestyle and values. The volunteer mentor should respect the child's right to self-determination and independence. This respect is an essential element in the relationship. The volunteer should exhibit a great deal of common sense, intelligence, friendliness, maturity, sensitivity and responsibility.

Time Commitment

The average volunteer will spend at least eight hours per month in services to the child. The mentor must be consistent with the visits. It is important that the child communicates with the mentor and request visits by Wednesday mornings. While many mentors serve longer than one year, the minimum expectation of service is one year.

Placement

The program only considers same gender matching. Before making any match, the mentoring program coordinator will consider interest, skills, background, knowledge, temperament and preferences of both the child and the mentor. During the course of interviewing and placement, the child and the mentor will have the opportunity to interview each other. After the interview, the mentoring program coordinator will speak individually with the child and mentor to gather information regarding the possible match.

Benefits

- ◆ Volunteer mentors will gain the satisfaction of making a difference in a child's life.
- ◆ Volunteer mentors receive ongoing support and recognition.
- ◆ Volunteer mentors will gain skills in working with children that may lead to more challenging volunteer assignments.
- ◆ Training sessions are offered on a regular basis for the volunteers personal growth and development.