



Dear Potential Mentor,

Thank you for your interest in JUMP, the Johnston Schools Youth Mentoring Program. JUMP is a one to one program that facilitates one hour mentoring sessions that occur during school hours. Our mission is to build positive relationships to help young people reach their full potential.

Mentors serve as positive role models sharing in a variety of activities from helping students set and achieve goals to reinforcing basic lessons in life. Students benefit from the program by receiving support and guidance from a caring adult, experiencing greater self-worth and motivation to succeed, and improving interpersonal relationships with peers, teachers and family. Mentors also benefit by increasing their involvement in the community, recognizing they can make a difference, gaining new experience and knowledge about youth and the school system and by making a new friend.

To ensure the safety of our students and help our mentors have the best experience possible, the process to become a JUMP mentor includes an interview, a criminal background check, Department of Human Services child and dependent adult abuse checks and mentor training.

If you are interested in becoming a mentor, please complete the following forms. Included in this packet are three stamped and addressed envelopes contacting reference check forms. Please give one of these forms to each of the following three reference types: a family member, employer and friend. The return of these forms in a timely manner will speed up the mentor application process, as we are unable to process applications without complete reference checks.

Thank you for your interest in making a difference in the life of a Johnston student!

Sincerely,

A handwritten signature in blue ink that reads "Chris".

Chris Wilson
JUMP Coordinator
515.986.2007
cwilson@johnston.k12.ia.us

**Johnston YoUth Mentoring Program (JUMP)
Mentor Application – Page 1**



Name _____ Date of Birth _____

Maiden Name or other legal name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

If you have lived outside the state of Iowa in the previous seven years, please complete the following:

Previous State of Residence	Zip code
_____	_____
_____	_____
_____	_____

What is your highest level of education completed? _____

Please write a brief statement as to why you would like to be a mentor:

Do you have any past mentoring experience? _____ yes _____ no

If yes, please provide additional information about that experience. _____

Do you speak a foreign language? _____ yes _____ no if so, what language _____

**Johnston YoUth Mentoring Program (JUMP)
Mentor Application – Page 2**



Emergency Contact: Name _____ Phone number _____

Are there any special medical conditions the school district should be aware of? _____

Johnston Community School District has my permission to complete a criminal background check as well as child and adult abuse registry screening. I understand periodic background checks and child/adult abuse inquiries may be completed at any time.

Signed: _____ Date: _____

Mentor References

Please provide contact information for three references. Included in the packet are three stamped, addressed envelopes containing reference check forms. Please have each of your references complete the form and return it as soon as possible.

	Family Reference	Friend Reference	Employer Reference
Name			
Address			
City State Zip Code			
Home Phone			
Work Phone			
Relationship			
Email			

Johnston YoUth Mentoring Program (JUMP)
Mentor Profile



JUMP utilizes a strengths based approach to match mentors and students. Completing the following profile will help us match you with a child whose needs and personality are best suited to your strengths and interests.

Please list any specific strengths you might rely on to help you develop your mentoring relationship. (example: organizational skills, outgoing personality, effective listener, patient, dependable etc.)

Is there a specific age group that you would like to work with? Please note that most new mentor matches are made for students in grades 5-7 however, on some occasions opportunities may be available with older children.

Grades 5-7 Grades 10-12 Grades 8-9 No preference

Is there certain personality traits that you feel you would best connect with? Please check all that apply.

Outgoing Hyperactive Shy Quiet
 Aggressive Talkative Motivated No Preference

Do you have any professional experiences with the following issues?

Children living in low income households Family Conflict
 Limited academic success Mental Health
 ADHD Substance abuse

Please list a few hobbies or interests that you would be willing to share with your mentee:

Is there a day of the week or a certain time of day that will not work for you to mentor?

**Johnston YoUth Mentoring Program (JUMP)
Mentor Agreement**



I, _____, agree to abide by the Rules and Regulations of the JUMP program, as now written, or as I may hereafter be informed. My checks below indicate I have read and agree to the following:

___ I have not been convicted of any crime against a person, or one of public indecency, or involving a controlled substance under federal or state law, and that I am not currently charged with any such qualifying crime. I agree to immediately inform JUMP personnel if I am subsequently charged with a qualifying crime.

___ I understand that a criminal background and reference checks will be performed periodically and with my signature below I give unqualified consent to any and all sources of information in performing those inquiries, and further release and discharge the Johnston Partnership, the Johnston Schools, and any of their agents, and employees from any and all liability in the request or performance of that check, and further agree to indemnify all those parties and agents and employees from any and all costs, fees or charges associated with any alleged liability. In the event of an adverse decision on my ability to be a mentor, a report will be issued to me, upon my request.

___ I agree to participate in all required and requested training.

___ I will meet weekly with my student at his/her school, for at least one year, renewable by mutual agreement.

___ I agree to indicate my attendance at mentoring sessions, in the manner requested by, and at the office, of the attendance center of my student, and to notify that office if I cannot attend any scheduled session.

___ I agree to accept constructive suggestions from school and JUMP staff concerning my student and mentoring session, and to keep any and all information about my student confidential, except when notification to school or JUMP personnel is in the best interest of my student. I further agree to keep JUMP personnel continually advised of my current employment, address and phone number.

___ I understand that my acceptance of these requirements constitutes an application to become a mentor, and my application may be rejected. I further agree that I may be terminated as a mentor upon notification by JUMP.

To the best of my knowledge, all statements contained here are true and correct.

(signature)

(date)

Johnston YoUth Mentoring Program (JUMP) Reference



_____ has applied to be a mentor with the Johnston Youth Mentoring Program, JUMP. This program is a long-term, school-based program that pairs volunteer mentors with selected students on a one-to-one basis. Mentors serve as positive role models sharing in a variety of activities from helping students set and achieve goals to reinforcing basic lessons in life.

To help us determine whether this person is best suited for this type of volunteer work, we would appreciate your taking the time to answer the questions on the front and back of this form as fully and specifically as you can. The information will be kept in confidence. Please complete and mail this form back to the JUMP office in the stamped and addressed envelope we have provided within 10 days of receiving. Any questions please email or call cwilson@johnston.k12.ia.us or (515) 986-2007. Thank you for your assistance!

1. Please check to indicate your relationship with the applicant:

Friend Family Employer

2. How long have you known the applicant and in what capacity?

3. Please describe any experience you are aware of that this applicant has had working with youth.

4. How would you describe the applicant's strengths and weaknesses in working with youth?

5. Do you feel the applicant is capable of making a commitment to a student on a consistent basis?

6. Check the following words that best describe the applicant.

	Domineering		Follower		Happy
	Leader		Well Adjusted		Stubborn
	Aggressive		Humble		Cooperative
	Lacks Confidence		Opinionated		Assertive
	Conceited		Confident		Considerate
	Temperamental		Reserved		Arrogant
	Sensitive		Nervous		Compassionate

7. How would you rate the applicant in the following areas?

	Excellent	Good	Average	Poor	Don't Know
Interpersonal Skills					
Character					
Emotional Stability					
Maturity					
Listening Skills					
Positive Role Model					
Dependable					
Leadership Ability					

8. Do you have any reservations about this applicant being selected to work with a student on a one-to-one basis?
(For instance, previous arrests, drug or alcohol related problems, mental health problems that require professional services, inappropriate relationship with a child)

9. Any additional information you feel would be beneficial in our evaluation of this applicant?

Signature: _____

Date: _____

Please check if you would like information about becoming a JUMP Mentor

Johnston YoUth Mentoring Program (JUMP) Reference



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10. Please check to indicate your relationship with the applicant:

Friend Family Employer

11. How long have you known the applicant and in what capacity?

12. Please describe any experience you are aware of that this applicant has had working with youth.

13. How would you describe the applicant's strengths and weaknesses in working with youth?

14. Do you feel the applicant is capable of making a commitment to a student on a consistent basis?

15. Check the following words that best describe the applicant.

	Domineering		Follower		Happy
	Leader		Well Adjusted		Stubborn
	Aggressive		Humble		Cooperative
	Lacks Confidence		Opinionated		Assertive
	Conceited		Confident		Considerate
	Temperamental		Reserved		Arrogant
	Sensitive		Nervous		Compassionate

16. How would you rate the applicant in the following areas?

	Excellent	Good	Average	Poor	Don't Know
Interpersonal Skills					
Character					
Emotional Stability					
Maturity					
Listening Skills					
Positive Role Model					
Dependable					
Leadership Ability					

17. Do you have any reservations about this applicant being selected to work with a student on a one-to-one basis?
(For instance, previous arrests, drug or alcohol related problems, mental health problems that require professional services, inappropriate relationship with a child)

18. Any additional information you feel would be beneficial in our evaluation of this applicant?

Signature: _____

Date: _____

Please check if you would like information about becoming a JUMP Mentor

Johnston YoUth Mentoring Program (JUMP) Reference



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19. Please check to indicate your relationship with the applicant:

- Friend Family Employer

20. How long have you known the applicant and in what capacity?

21. Please describe any experience you are aware of that this applicant has had working with youth.

22. How would you describe the applicant's strengths and weaknesses in working with youth?

23. Do you feel the applicant is capable of making a commitment to a student on a consistent basis?

24. Check the following words that best describe the applicant.

	Domineering		Follower		Happy
	Leader		Well Adjusted		Stubborn
	Aggressive		Humble		Cooperative
	Lacks Confidence		Opinionated		Assertive
	Conceited		Confident		Considerate
	Temperamental		Reserved		Arrogant
	Sensitive		Nervous		Compassionate

25. How would you rate the applicant in the following areas?

	Excellent	Good	Average	Poor	Don't Know
Interpersonal Skills					
Character					
Emotional Stability					
Maturity					
Listening Skills					
Positive Role Model					
Dependable					
Leadership Ability					

26. Do you have any reservations about this applicant being selected to work with a student on a one-to-one basis?
(For instance, previous arrests, drug or alcohol related problems, mental health problems that require professional services, inappropriate relationship with a child)

27. Any additional information you feel would be beneficial in our evaluation of this applicant?

Signature: _____

Date: _____

Please check if you would like information about becoming a JUMP Mentor

**Johnston YoUth Mentoring Program (JUMP)
Image Release**



This Agreement is between JUMP and _____.

1. I, _____, by my signature below, agree to allow JUMP, and any other persons or programs which JUMP may authorize from time to time, the absolute right and permission to use my likeness (drawing) or photograph, as a whole or part of it. This absolute grant of permission shall continue until my association with JUMP is discontinued. I understand that the likeness or photograph may be used with or without any written words accompanying it, and my likeness or photograph may be used for advertising, publicity or trade purposes.
2. For this agreement to allow the use of my likeness of photograph, I am receiving no money, but I agree that I, and JUMP, each receive mutually beneficial and valuable benefits, the receipt of which I understand and acknowledge.
3. I further agree that since I have given permission to use my likeness and photograph(s), I understand that JUMP may copyright any material which contains my likeness and/or photographs. I expect to receive prints, negatives or other copies of materials containing my likeness or photograph(s) but I fully understand that my receipt of those documents is a courtesy to me, and that I may not authorize the use of those by anyone else, without the express permission of JUMP.
4. I further agree that no materials need be submitted to me for prior approval, and that I have no claim against JUMP for any distortion that may or may not occur as a result of the publication process.
5. Further, I agree that for the time that I am in association with JUMP, I will not authorize the use of my name, picture, portrait, or likeness or testimonial statement in connection with the advertising or promotion of any other product or service in competition with, or incompatible with, JUMP.
6. JUMP by executing this Agreement does not agree that any use at all will be made of the likeness, photos, portraits, or names of the undersigned individual.
7. JUMP warrants and agrees that no personal information of any kind will be released by JUMP about the individual undersigned, other than as described here, without express written permission by the undersigned, which will remain within the sole discretion of the undersigned. This Agreement does not constitute any RELEASE of any information other than that described.

Signature

Date

Parent/Guardian Signature for child under 18 years of age

Date