



Community-Based Mentor Volunteer Job Description

Purpose: To provide social and academic support to a student.

Commitment: Each mentor will be matched one-to-one with a student. They will meet with the student at least once a week for approximately one hour for at least one full year. They will attend a training session and check in regularly with the FriendCHIPS directors.

Mentor Responsibilities:

- **Be a Friend.** The mentor will listen to the student, understand the obstacles the youth perceives in school or life, and help him/her identify possible solutions.
- **Be a Role Model.** The mentor will be a role model for the student, demonstrating values of punctuality, dependability, and reliability.
- **Accept the Student.** The student may be of a different race, religion, culture or economic circumstance than the volunteer. A mentor is expected to respect the students for "who they are" and to understand and appreciate the student's background.
- **Assist with Academic Assignments As Needed.** The mentor may check homework, assist with test preparation, make suggestions about special projects, and informally "tutor" the student.
- **Set Goals.** The mentor may work with the student to develop long-range goals for his/her academic and personal life. The success of this relationship will depend on the mentor helping the student reduce these goals to short-term, manageable, weekly activities.

For more information, email Justin Hoy and Sarah Brunkhorst: friendchips@essexchips.org



New Mentor Application

Name: _____

Occupation: _____

Address: _____

Phone: _____

Email: _____

Education

Information:

School Name

Degree

Dates

High School: _____

College: _____

Graduate School: _____

What days and times are you available to volunteer? Please list all availability.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Notes about availability: _____

Please list any medical restrictions, requirements, allergies, etc.

In case of emergency, notify:

Name: _____	Relationship: _____
Address: _____	Phone: _____
_____	_____
_____	Email: _____

Please list three professional or personal references:

	Name	Relationship	Phone	Email
1.				
2.				
3.				

If prefer working with a youth of a certain gender identity, please list the identity:

Do you prefer working with an introverted or extroverted child? Introverted Extroverted
N/A

If you prefer working with youth of a certain age group, please list the age group: _____

Please list any languages you speak other than English: _____

Please list your hobbies or interests: _____

What kinds of activities would/do you enjoy doing with a young person? _____

Describe what a mentor's role can be: _____

What interests you about becoming a mentor? _____

What qualities do you have that would make you a good mentor? _____

Who has served as a role model for you and why? _____

What do you enjoy about young people? _____

What do you find challenging about young people? _____

Please share any experiences you've had working with young people (paid or volunteer): _____

Applicant's Certification

Please initial next to your answer.

Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance? _____ Yes _____ No

Are you under current indictment or has a district/county attorney ever accepted an official complaint for any of the offenses in the above question? _____ Yes _____ No

If the answer is YES to the above questions please attach an explanation on an additional sheet of paper.

May we reproduce photos in which you appear in Essex CHIPS promotional or educational materials?
_____ Yes _____ No

Please indicate that you agree with the following by signing and dating this page.

I agree to abide by the rules and regulations of the program and fully discharge the FriendCHIPS Youth Mentoring Program and Essex CHIPS from liability and claims resulting from my volunteerism.

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 mentor application forms, is grounds for dismissal.

Signature: _____

Date: _____

Please return this application to Justin Hoy and Sarah Brunkhorst at friendchips@essexchips.org.

For Program Staff:

Date Application Received: _____ Date Application Reviewed: _____

Name of Reviewer: _____

