

**School Based Mentor &
Field Trip Parent
Application**



PERSONAL INFORMATION

Name _____
First Middle Last

Maiden Name _____

Familiar First Name _____

Other Names Used/Previous Married Name _____

Other Names Used/Previous Married Name _____

Other Names Used/Previous Married Name _____

Social Security # _____ Preferred Email _____

Current Zip _____ Current City _____ Current State _____

County _____ Current Address _____

How long at current address? ____ Years ____ Months

Home Phone (____) _____ Cell Phone (____) _____

Birthdate _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed **Gender:** ☐ Male ☐ Female

Ethnicity:

☐ African American ☐ Asian ☐ Asian/Pacific ☐ Caucasian ☐ Hispanic Mixed ☐ Native American ☐ Other

Emergency Contact Name _____

Emergency Contact Phone (____) _____

Employment Status:

Employer Name _____

Employer Phone (____) _____

Employer Address _____

School Preference:

What School are you interested in volunteering in? _____

Are you applying for- ☐ School based Mentoring ☐ Field Trip Parent

Background Screening:

Have you ever had a conviction, suspended sentence, diversion agreement or other judgment against you for any matter listed below? Your answers should include any matter resolved on a plea of guilty or nolo con-tendere (no contest) and any matter expunged, annulled or sealed.

- 1.) Any felony or misdemeanor? ☐ Yes ☐ No 2.) Any municipal ordinance violation? ☐ Yes ☐ No
3.) Any DUI/DWI? ☐ Yes ☐ No 4.) Is your driver's license currently suspended? ☐ Yes ☐ No
5.) Are any felony, misdemeanor or municipal charges currently pending against you or are you currently out on bail or on your own recognizance awaiting trial? Yes No
6.) Have there ever been allegations, complaints or report regarding your involvement in child abuse or neglect (regardless of whether the incident was confirmed or denied)? Yes No

****If you answered Yes to any of the above, please provide date, description and explanation of each incident.**

Applicant's Authorization and Agreement

You have my permission to contact my employer. I understand that any omissions or misstatements made by me on this application may be cause for my application to be declined or volunteer placement to be terminated. I understand that all information, including driver's license, criminal background and child abuse/neglect records and sex offender registry, will be verified and may be disclosed to Rise Up Reno and participation school districts, and hereby consent to such verification and disclosure. I declare that all the statements I have made on this application are true, correct and complete to the best of my knowledge. I understand that Rise Up Reno and/or participating school districts, at their sole and complete discretion, may accept or decline this application without providing me any reasons for the decision.

Applicant's Signature _____ **Date** _____



Strong Families Make a Strong Kansas

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Child Abuse and Neglect Central Registry
P.O. Box 2637 • Topeka, KS 66601 • DCF.CentralRegistry@ks.gov
Release of Information

OBI 1011
9/2018
Page 1 OF 1

Complete form by printing legibly in ink. Fee of \$10.00 per Release of Information form may be required prior to processing.

All releases and fees are to be sent to the address or email listed above (see below for specifics)

CONFIDENTIALITY: *Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.*

Contact Person: Cherith Karsak Agency/Org.: NATSB
Phone #: (316) 263-4400 Address: 7334 W Newell
Email: cherith@natsb.com City/State/Zip: Wichita, KS 67212
Return Results by: ☒ Encrypted email (list if different than above): helpdesk@natsb.com ☐ Postal Mail

Payment/Account Information (check box which applies)

<input type="checkbox"/> Fee included	\$10 per request. Check, Money Order (payable to DCF) or cash. Postal mail only.	
<input type="checkbox"/> Online Payment*	www.dcf.ks.gov – 'Online DCF Payments' bottom of page. Payment Portal. Submit receipt with ROI form(s).	
<input type="checkbox"/> Pre-Pay Account*	Agency/Org. has Pre-Pay Account.	FEIN:
<input checked="" type="checkbox"/> Mentoring Account*	As listed in the Kansas Mentors' Partner Directory. http://mentorkansas.org/Find-a-Program	
<input type="checkbox"/> Exempt*	No fee for State government agencies (Sub-contracting agencies not included).	

*Release of Information forms may be submitted via email to DCF.CentralRegistry@ks.gov

APPLICANT: *Instructions: PRINT CLEARLY. All requested information is required for processing. Incomplete or illegible information will result in processing delays for the Release of Information. Use 'N/A' rather than leaving a space blank.*

FIRST, MIDDLE, LAST NAME: _____

I give permission for the release of any of my information in the Child Abuse/Neglect Central Registry to the contact listed above. I understand the information released is for their exclusive and confidential use:

☒ Yes ☐ No

This organization/person/agency may check my information each year I am employed or associated with them:

☒ Yes ☐ No

OTHER NAMES USED: (Any/all aliases, married, maiden, nicknames, etc. 'N/A' if none used.): _____

☒

DATE OF BIRTH: _____

RACE: _____

SOCIAL SECURITY #: _____

GENDER: ☐ Male ☐ Female

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

SIGNATURE: _____

DATE: _____

DCF ONLY:

MATCH

*This applicant is listed in the Child Abuse/Neglect Central Registry.
Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.
(see attached document for more info.)*

CLEARED



Standards of Conduct for Volunteers

The Rise Up Reno School Based Mentoring mission is to connect young people with caring adult volunteers at schools to promote success, encourage healthy behaviors and build stronger communities. This happens when mentors are good listeners and good friends to students. All volunteers are asked to read and sign the following:

Mentor Responsibilities

- Sign in and out properly at each school visit. Wear Mentor Identification Badge at school.
- Keep all student information confidential, unless abuse or neglect is suspected: in that case, report concerns to the principal.
- Telephone the school secretary to notify the student/teacher if you will be absent.

Restrictions on Electronic Communications

- E-mail communication with students is prohibited.
- All communication between any student and any volunteer via telephone, text messaging, social networking and other external devices or technologies is prohibited. The prohibition includes but is not limited to Facebook, Instagram and Twitter.

Mentoring Guidelines

- All Rise Up Reno Mentor activities are school based. Activities are to occur on school grounds during the regular school or extended day. Any exceptions must follow school district guidelines and have principal and/or administrator approval.
- Volunteers may not transport students.
- Volunteers should minimize physical contact with students and always stay out of the "strike zone," (from shoulders to knees).
- Interact with students in public areas with others present.
- No photos may be taken of students.
- Use staff restroom when at the school. Do not go into the student's restroom.

- Limit physical contact to accepted gesture of greeting, guidance and praise, such as shaking hands, high fives or side hugs given only after student permission.

Prohibited Conduct

- No sexual or romantic advance, contact or relationship is allowed, even if apparently "consensual" or initiated by a student.
- Volunteers may not use profanity or exhibit displays of violence or threats of violence in the presence of students. Weapons are not allowed on school grounds.
- Volunteers may not engage in any illegal activities with students, including, but not limited to providing alcohol, tobacco or drugs to students.
- Volunteers may not attempt to influence or persuade students on religious or political matters.

Mentor Volunteers

- Avoid giving gifts or lending money to students.
- Support teachers and their ideas.
- Treat teachers, students and parents with respect.
- Realize you are a school visitor whose purpose is to give support to students.
- Do not make negative comments to others about the children or teachers.
- Exhibit behavior supportive of all ethnic/racial groups.
- Consult with the teacher and/or the Program Coordinator if problems occur.

I, _____ (Signature) _____ (Please print name here)
have read the above and agree to follow these standards and guidelines for Rise Up Reno Mentoring. _____ (Date)

Thank you for making a difference in our community. Please sign and keep a copy for reference during your mentoring experience.



SCREENING CRITERIA

A determination of "Pass," "Fail," or "Defer to school district for further investigation" is made, based on the following criteria:

SCREEN	PASS*	FAIL	DEFER
Criminal	<ul style="list-style-type: none"> • Clear Record • Misdemeanors that occurred more than 10 years ago and did not involve the distribution or manufacturing of drugs, sexual misconduct or violence against a person 	<ul style="list-style-type: none"> • Any felony involving sexual misconduct, violence against a person • Other felonies that occurred within the past 10 years • Misdemeanor or felony within the past 10 years that involved distribution and manufacturing of drugs, sexual misconduct or violence against a person • Any case where weapons were used in the commission of the offense • Failure to disclose any misdemeanor or felony 	<ul style="list-style-type: none"> • Any felony other than personal that occurred more than 10 years ago • Misdemeanor that occurred more than 10 years ago involving drugs, or violence against a person • Any misdemeanor convictions in the last 10 years • Any DUI or alcohol related conviction that occurred within the past 3 years • Any drug related convictions 5 or more years ago that does not include manufacturing or distribution with proof of long-term recovery
Child Abuse & Neglect	<ul style="list-style-type: none"> • No Findings 	<ul style="list-style-type: none"> • Any confirmed report 	<ul style="list-style-type: none"> • Any findings other than a confirmed report
Sex Offender Registry	<ul style="list-style-type: none"> • Not found on currently accessed state registries 	<ul style="list-style-type: none"> • Listed on a currently accessed state registry 	<ul style="list-style-type: none"> • Match of applicant's last name and address on a currently accessed state registry

*Rise Up Reno will screen all classified school district employees wishing to volunteer.

Upon evaluating screening criteria to participate as either a volunteer or a School Based Mentor:

- ☐ I believe I will pass the screening process
☐ I am unsure if I will pass the screening process
☐ I do not believe I will pass the screening process

I understand that all information, including driver's license, criminal background and child abuse/neglect records and sex offender registry, will be verified and may be disclosed to Rise Up Reno and participation school districts, and hereby consent to such verification and disclosure. I understand that Rise Up Reno and/or participating school districts, at their sole and complete discretion, may accept or decline this application without providing me with any reasons for the decision. Updated background checks may be requested at any time.

Name _____

Date _____



PHOTO/VIDEO RELEASE

I, _____, hereby consent that photographs, videos, sound recordings or any combination thereof, with my name in connection therewith, to be released for public viewing and/or hearing or a combination of the same through public mass media such as news articles, audio-visual productions, television, website, social media or through Rise Up Reno publications or presentations. These may include but are not limited to newsletters, brochures, or display boards, etc. and may be used by Rise Up Reno and its assigned or successors. Furthermore, I hereby consent that such photographs, video negatives or slides shall be the sole property of Rise Up Reno. I further understand that no special compensation will be provided to me for use of my image and that I may not be informed in advance of the specific use of my image.

☐ I do not grant permission to Rise Up Reno to use my likeness (photo, video, or audio) and written statements for use in media and online publications.

I have read this release and consent form before signing below, and I understand and agree to its terms.

Volunteers Signature _____ Date _____

Name: (Print) _____

Address: _____

City _____ State _____ Zip _____

Telephone Number (____) _____



Rise Up Reno
1520 N. Plum
Hutchinson, KS 67501
(620) 615-4018 Fax: (620) 615-4036
young.john@usd308.com

This form is to be filled out by someone you have known for more than one year and is not related to you.
Please return to Rise Up Reno upon completion.

Reference Questionnaire

You are being asked to be a reference on an application for _____ to become a school based mentor. We are eager to make certain that applicants are well qualified to work with a child on a one-to-one and/or group basis in schools.

Our volunteers are assigned to children between the ages of 5 and 17. The volunteer is not to assume the role of parent or teacher, but is to be a mentor to a child and to assist the child in becoming a responsible student. A mentor volunteer must be consistently responsible and dependable. He/she must also be stable, mature and possess the personal characteristics that would make him/her a good role model to a young person.

A volunteer applicant cannot be assigned to a child until all references are returned. This reference is confidential in every way. Your prompt response will enable us to continue the process. You may either mail this to the above address or fax it to (620) 615-4036.

Your Name: _____

Applicants Name: _____

How long have you known the applicant?

What is your relationship to the applicant?

How well do you feel you know the applicant?

_____ Very Well _____ Pretty Well _____ Not that Well _____ Professionally Only

Describe this applicant's strong points in working in a one-to-one relationship with a child:

How well do you think the applicant follows through on commitments?

_____ Very Well _____ Average _____ Poorly

***Please see reverse side**

In a few words, please describe the applicant's relationship to his/her own children. (If applicable)

Applicant's relationship to youth in general (check all that apply):

☐ Well Liked ☐ Friendly ☐ Impatient ☐ Distant
☐ Stern ☐ Understanding ☐ Unknown

In a few words, please describe the applicant:

Would you consider placing a child of yours, or a child close to you, with the applicant for a mentoring relationship? If no, please explain.

☐ Yes ☐ No

Do you know of any reason why the applicant would not serve well as a mentor? If yes, please explain.

☐ Yes ☐ No

If you have any additional information that you feel would be helpful to us, please feel free to attach an additional piece of paper or call us at (620) 615-4018.

Signature _____ Date: _____





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