



WESTERN WASHINGTON

P.O. Box 839  
Everett, WA 98206-0839  
Phone: 425-259-3191  
Fax: 425-258-2838

Email: [info@voaww.org](mailto:info@voaww.org)  
Website: [www.voaww.org](http://www.voaww.org)

**Board of Directors**

Barbara Earl  
Chairman

Richard Toyer  
Treasurer

Betty Cobbs  
Secretary

Phil Smith  
President/CEO

Todd Brunner  
Barb Chase  
Darwyn Clark  
Jim Fagerlie  
Peter Haller  
Larry Jelsing  
Deonna Klein  
Megumi Kobayashi  
Jean Messner  
Stephen Miller  
Helen Oss  
Ralph Quaas  
Earl Robicheaux  
Gary Sitzman

**Board Member  
Emeritus**

Fran Clarke  
Florence Hansen  
Mel Loen  
James Martin  
Al Muller  
Carol Stuchell  
Allan White  
Sanford Wright, Jr.

**VOA Ministers**

Jim Brown  
Karen Kipling  
Kelly Holderman  
Phil Smith

Dear potential mentor,

Thank you for expressing interest in volunteering with the Mentoring Children of Promise program. Your consistent, positive role modeling could change the life of a youth forever.

The following forms should be included with this letter: a mentor application, an interest survey, a Dataquest and Washington State Patrol Background check form, and a Washington State child abuse and neglect registry request form. We run a criminal background check, a social security trace and a Department of Motor Vehicle check on each potential mentor. A past criminal history will not automatically disqualify you for volunteering with our program.

Please complete all paperwork and mail to:  
Volunteers of America Western Washington  
Mentoring Children of Promise  
PO BOX 839  
Everett, WA 98206-0839

Once we receive your paperwork we will schedule a convenient time to conduct an in-home interview and a three hour pre-match training. **If you have questions, please don't hesitate to contact our MCP specialist Joell Coltrane at (425) 259-2973, ext. 2716.**

We are excited to have you volunteer for Mentoring Children of Promise and look forward to receiving your paperwork shortly. Thank you.

*If we each help one child, we can change the world. You need only watch the nightly news for a short time to believe our problems as a society are too big, too overwhelming and too insurmountable to begin to address. But the truth is, we all have the ability make a difference in our community and in our world by making the difference in the life of a child.*



A United Way Agency





## Mentoring Children of Promise Mentor Application

---

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

Social Sec. #: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

How did you hear of our program?  **Online** \_\_\_\_\_  **Public event** \_\_\_\_\_

**Flyer/brochure** \_\_\_\_\_  **Word of mouth** \_\_\_\_\_  **Other** \_\_\_\_\_

### Mentoring Information

Why do you want to be a mentor? \_\_\_\_\_

\_\_\_\_\_

Please describe any previous experience volunteering or working with youth: \_\_\_\_\_

\_\_\_\_\_

Do you have any hobbies or special skills? \_\_\_\_\_

\_\_\_\_\_

What are your preferences for who you are matched with?

Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

Would you be willing to work with a child who has disabilities? **Y / N**

Do you speak a language other than English? What language(s)? \_\_\_\_\_

## Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as personal references. A family member may be used for only one reference. Please only list people you have known for at least one year.

1. **Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Relationship:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Relationship:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Relationship:** \_\_\_\_\_

---

Have you ever been convicted of a crime?: **Y / N** If "Yes", please explain: \_\_\_\_\_

Do you object to our agency running a background check on you? \_\_\_\_\_

### Please read carefully before signing:

We appreciate your interest in becoming a mentor to a child. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a federal and state criminal records check.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please read carefully before signing:**

\_\_\_\_\_ (Initial) I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ (Initial) I understand that Mentoring Children of Promise is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_ (Initial) I agree to allow Mentoring Children of Promise to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

**I understand I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of my application being processed:**

- A Copy of your valid driver's license and proof of auto insurance
- Signed Application
- Interest Survey Form
- Criminal History Release Form (DataQuest and WA State Patrol)
- WA state child abuse and neglect findings request form

I understand it will be necessary for Mentoring Children of Promise to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize Mentoring Children of Promise to obtain any needed information regarding my driving record, legal/criminal history, and personal references for the purposes of participating in this mentoring program. Further, I provide permission for Mentoring Children of Promise to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

If selected I will follow the rules of the program and be a dedicated mentor. I agree to the time commitment of meeting with my mentee for at least 6 hours per month for a minimum of one year.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please complete and return this application to:

**Mentoring Children of Promise**  
**Volunteers of America Western Washington**  
**PO BOX 839**  
Everett, WA 98206-0839



WESTERN WASHINGTON

## Mentoring Children of Promise

### Mentor Contract

Name: \_\_\_\_\_

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

By choosing to participate in the Mentoring Children of Promise program, I agree to:

- Follow all rules and guidelines as outlined by the mentor coach manager, mentor training, program policies, and this contract
- Be flexible and provide the necessary support and advice to help my mentee succeed
- Make a minimum one-year commitment to being matched with my mentee
- Meet at least six hours per month with my mentee
- Make at least weekly contact with my mentee
- Obtain parent/guardian permission for all meeting times at least three days in advance, if possible
- Be on time for scheduled meetings or call my mentee at least 24 hours beforehand if I am unable to make a meeting
- Submit monthly meeting times to the MCP staff and regularly and openly communicate with the mentor coach manager as requested
- Inform the mentor coach manager of any difficulties or areas of concern that may arise in the relationship
- Keep any information that my mentee tells me confidential except as may cause her/him or others harm
- Always obey traffic laws when in the presence of my mentee and keep a copy of her/his health insurance coverage in the automobile at all times when traveling together
- Never be in the presence of my mentee when I have or am consuming alcohol, tobacco, or controlled substances
- Participate in a closure process when that time comes
- Notify the mentor coach manager if I have any changes in address, phone number, or employment status
- Attend in-service mentor training sessions as offered

\_\_\_\_\_ (please initial) I understand that upon match closure, future contact with my mentee is beyond the scope of the Mentoring Children of Promise program and may happen only by the mutual consensus of the mentor, the mentee, and parent/guardian.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the mentor coach manager at this time or in the future.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



## Mentoring Children of Promise

### Information release

I, \_\_\_\_\_ (print name), understand it will be necessary for Mentoring Children of Promise to conduct a background check regarding my driving record, criminal history, personal references and employment.

I authorize Mentoring Children of Promise to obtain any needed information regarding my driving record, legal/criminal history, character references and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for the Mentoring Children of Promise program to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) share with a prospective mentee(s) and her/his parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_

State issued: \_\_\_\_\_



WESTERN WASHINGTON

## Mentoring Children of Promise Mentor Interest Survey

**What are the most convenient times for you to meet with your mentee? Check all that apply.**

Weekday day \_\_\_\_ Weekday evening \_\_\_\_ Weekend day \_\_\_\_ Weekend evening \_\_\_\_

**Please check all activities you enjoy doing:**

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Skateboarding	<input type="checkbox"/>	Ice Skating
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Rock Climbing	<input type="checkbox"/>	Singing
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Eating
<input type="checkbox"/>	Tennis	<input type="checkbox"/>	Roller Skating	<input type="checkbox"/>	Cooking
<input type="checkbox"/>	Horseback riding	<input type="checkbox"/>	Sewing	<input type="checkbox"/>	Beaches
<input type="checkbox"/>	Baseball	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Parks
<input type="checkbox"/>	Bowling	<input type="checkbox"/>	Science	<input type="checkbox"/>	Concerts
<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Music	<input type="checkbox"/>	Water Skiing
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Football
<input type="checkbox"/>	Camping	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	Arts and Crafts
<input type="checkbox"/>	Boating	<input type="checkbox"/>	Snow Boarding	<input type="checkbox"/>	Theatre
<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Board Games
<input type="checkbox"/>	Going to the Library	<input type="checkbox"/>	Yoga	<input type="checkbox"/>	Snow Skiing
<input type="checkbox"/>	Reading	<input type="checkbox"/>	Movies	<input type="checkbox"/>	Jogging
<input type="checkbox"/>	Shopping	<input type="checkbox"/>	Talking	<input type="checkbox"/>	Woodworking
<input type="checkbox"/>	Video Games	<input type="checkbox"/>	Dancing	<input type="checkbox"/>	Sports
<input type="checkbox"/>	Canoeing	<input type="checkbox"/>	Museums	<input type="checkbox"/>	Traveling

**Please list other areas of interest not mentioned above:**





## WASHINGTON STATE CHILD ABUSE AND NEGLECT FINDINGS REQUEST

These requests are for child placement purposes only and must be made by an agency or individual who is required to check child abuse and neglect registries in connection with the foster or adoptive placement of a child. All other requests for Children's Administration records may be made through the local Division of Children and Family Services Office.

A REQUESTOR INFORMATION			
NAME LAST <b>Kraushaar</b>	FIRST <b>Sunna</b>	TITLE	
AGENCY OR BUSINESS NAME <b>Volunteers of America Western Washington</b>			
MAILING ADDRESS <b>PO BOX 839</b>	CITY <b>Everett</b>	STATE <b>WA</b>	ZIP CODE <b>98206-0839</b>
TELEPHONE NUMBER (INCLUDE AREA CODE) <b>425-259-2973</b>	FAX NUMBER (INCLUDE AREA CODE) <b>425-259-5601</b>	E-MAIL ADDRESS <b>skraushaar@voaww.org</b>	
B. SIGNATURE OF REQUESTOR:			
REQUESTED BY (SIGNATURE)			DATE SIGNED
C. SUBJECT OF RECORDS REQUESTED			
NAME LAST	FIRST	MIDDLE	DATES OF RESIDENCY IN WASHINGTON
DATE OF BIRTH	FORMER NAME/S		SOCIAL SECURITY NUMBER
MOST RECENT WASHINGTON RESIDENCE STREET ADDRESS		MOST RECENT CITY, STATE, ZIP	
PREVIOUS STREET ADDRESS		PREVIOUS CITY, STATE, ZIP	
PREVIOUS STREET ADDRESS		PREVIOUS CITY, STATE, ZIP	
PREVIOUS STREET ADDRESS		PREVIOUS CITY, STATE, ZIP	
D. AUTHORIZATION:			
(SIGNATURE)			DATE SIGNED
<b><u>BY SIGNING THE ABOVE I AUTHORIZE THE STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES TO RELEASE INFORMATION RELATED TO FOUNDED ALLEGATIONS OF CHILD ABUSE AND NEGLECT TO THE REQUESTING INDIVIDUAL OR AGENCY IDENTIFIED ABOVE.</u></b>			
Completed Request Forms can be sent by secure e-mail, fax, or mail to: The Children's Administration NCIC Access Unit E-mail: <a href="mailto:childabuseregistry@dshs.wa.gov">childabuseregistry@dshs.wa.gov</a> Fax: 206-341-7930      Mail: PO Box 4369 Seattle, WA 98194			



## Confidentiality Agreement

Generalized for agency use

I understand that it is the policy of Volunteers of America Western Washington to ensure that the operation, activities, and business affairs of the agency and our clients, suppliers, customers, donors, and employees are kept confidential to the greatest extent possible. If during the course of volunteering I acquire confidential or proprietary information about Volunteers of America Western Washington, it's clients, or donors, such information is to be handled in strict confidence and not to be discussed or shared in any format. *For clarification about confidential information see the program or department supervisor.*

I agree not to divulge any information to any unauthorized persons and will not publish or make public in any way, any information received in the course of my time with Volunteers of America Western Washington.

\_\_\_\_\_

(Volunteer's Signature)

\_\_\_\_\_

(Printed name)

\_\_\_\_\_

(Witness)

\_\_\_\_\_

(Date)