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VOLUNTEER APPLICATION

WELCOME TO MAÑELU!

Thank you for your interest in making a difference in the life of a child. As a mentor, you will be matched with a child who most likely is from a single-parent family. These children are in need of a positive, consistent adult relationship. Once the match is made, you will have regularly scheduled one on one visits with your mentee as the two of you develop what we hope is a lifelong friendship. The program offers training and guidance by professional caseworkers to help direct the development of your relationship.

PROGRAMS

Community Based Mentoring matches meet with their mentees at least 4-8 hours per month. What you do and how you do it is entirely up to you and your mentee as long as the activity is safe, approved by the parent, and follows our program guidelines. It is very important that community volunteers are punctual and dependable – showing up late or canceling can be heartbreaking for a child who has been waiting excitedly for their next visit.

Site Based Mentoring matches meet with their mentees each week at the designated site which can be a school or a community we work. The one-to-one match activity takes place on school grounds or at the site, usually during the child's lunch period or after school. Mañe'lu staff is on hand to monitor the activities and provide case-management support. High school students are welcome to apply as Site Based Mentors.

REQUIREMENTS

Our Community Based Mentors must:

- Be at Least 21 years old;
- Have reliable transportation;
- Provide a copy of Auto Insurance
- Provide a copy of Drivers License
- Be available for a minimum of a sixmonth commitment;
- Know how to have fun!!!

Our Site Based Mentors must:

- Be at Least 16 years old
- Have reliable transportation to the site;
- Be available for a minimum of a sixmonth commitment;
- Know how to have fun!!!

BECOMING A MENTOR

Applying to our program is as easy as 1-2-3! Although we complete a comprehensive background screening, we have streamlined our processes to avoid unnecessary delays. If you are ready to make a difference in the life of a child, all you have to do is:

- 1. Complete an Application Packet, providing complete reference information; and
- 2. Attend an *Orientation Interview* at the Mañe'lu office.
- 3. Wait to be approved and matched with your Mentee.

Thanks again for your interest in Mañe'lu. Please call 472-2227 or email us at mentoring@manelu.org with any further questions.



WELCOME TO MAÑE'LU!

Please submit completed application via email to mentoring@manelu.org, hand deliver to our office at 160 CHålan Kanton Tasi, Rte. 4 in CHålan Pågo (2nd floor of Shell gas station), or mail to P.O. Box 3131 Hagåtña, GU 96932.

You will also be required to submit a copy of your driver's license and proof of auto insurance if you plan to transport a mentee in our Community Based Mentoring program.

GENERAL INFORMATION Middle Name: Preferred Name: Last Name: First Name: Home Phone #: Work Phone #: Cell Phone #: Is it okay to text you? Yes No Cell phone Provider: Home Address: State: City: Country: Zip: Mailing Address: City: State: Zip: Country: Work E-mail: How do you prefer to be contacted? Personal E-mail: (Phone, e-mail, time of day, etc.) Social Security Number: Gender: Marital Status: Date of Birth: If applicable, maiden name: Race/Ethnicity: American Indian or Alaska Native Other Multi-race (check all that apply) Asian American Indian or Alaska Native Black or African American ☐ Asian Hispanic or Latino Black or African American Native Hawaiian or Pacific Islander Hispanic or Latino White Native Hawaiian or Pacific Islander White ☐ Other Nationality/Country of Origin: How Long Employed? Work Hours? Occupation: Highest Level of Education: Are you a student at this time? Yes No If yes, please name school: Area of Study: Do you have current or past military experience? □Yes □No Dates of Service: Coast Guard Branch: Air Force Army Marine Corps Navv Component: Are you retired? Yes No Are you separated/discharged (other than retired)? ☐ National Guard ☐ Reserve Active Yes No If retired, separated, or discharged, please check the character of separation/discharge: Honorable General (under honorable conditions) Under Other than Honorable Conditions **Bad Conduct** Dishonorable

Possession of a driver's license is required if you will be transporting a program youth in any vehicle you are operating.



Do you have a current and	If yes, state of is		Do you have		
valid driver's license?	Driver's License	#:	☐Yes ☐No		ance that meets or
□Yes □No	Expiration date	e: Do you have valid insurance that me exceeds state required minimum?			
Have you previously applied to If yes, when and where?	be or served as a	mentor here o	r anywhere els	e?	☐Yes ☐No
Have you ever been involved wi If yes, when and where?	th a mentoring p	rogram in a cap	acity other th	an a mentor?	Yes No
Have you ever been involved wi If yes, when and where?	th or volunteered	d for another yo	outh organizat	ion?	Yes No
Have you ever been denied acce program or youth-serving organ If yes, when and where?	•	ed from service	e as a voluntee	r or employe	e for another mentoring Yes No
Are you interested in learning a lf yes, please check all intere		vays to contribu	ite to the Mañ	e'lu mission?	Yes No
☐ Helping to recruit volunte ☐ Volunteering at agency e ☐ Volunteering at agency for a long the last of the last	vents for matche undraising events at a company, cl st three reference partner (i.e., if y	hurch, organiza ees below includ ou live with a s	tion, or other ding: ignificant othe	group of whic	
Current or former employ you are a student; AND	yer or co-worker	you have knov	vn for at least	one year, or s	someone from your school i
3. A friend or neighbor you Spouse/Partner's name:		at least two year Family memb		snouse/nart	·ner)·
Spouse/Farther shame.		Tarring memb	er manne (ii ne	spouse, part	inci j.
Address:		City:		State:	Zip:
Day Phone #:	Cell #:		Email:		,
Employer or Co-worker (curre	nt or past) or sch	ool personnel (if you are a stu	ıdent):	
Address:		City:		State:	Zip:
Day Phone #:	Cell #:	I	Email:	1	1
Friend, Neighbor, or other per	sonal reference:				
Address:		City:		State:	Zip:
Day Phone #:	Cell #:		Email:		



In addition to the references above, Mañe'lu requires references from all youth serving organizations at which you have worked or volunteered in the past. Please list additional on separate page, if needed.

Organization name:		Dire	ct supervisor	:			
Address:		City:			State:	Zip:	
Day Phone #:	Cell #:			Email:			
Dates of involvement/employn	nent:						
Reason for leaving:							
Organization name:			Direct supe	rvisor:			
Address:		City:			State:	Zip:	
Day Phone #:	Cell #:	1		Email:	1		
Dates of involvement/employn	nent:						
Reason for leaving?							
Organization name:			Direct supe	rvisor:			
Address:		City:			State:	Zip:	
Day Phone #:	Cell #:			Email:			
Dates of involvement/employn	nent:						
Reason for leaving:							
		<u>R</u>	esidential	History			
List the cit	y, state an	d how	long you li	ved there	for the pa	st seven (7) years.	
City							
How long (Years)? From							
City How long (Years)? From							
City							
How long (Years)? From							
City							
How long (Years)? From							
City							
How long (Years)? From			To				



I consent to and understand that:

- 1) The references and youth serving-organization I listed may be contacted by mail, telephone, email, or in-person;
- 2) The information I provided may be used to conduct a background check, to include a search of public domain records, driving records check, juvenile and adult criminal history check (*see attached authorization*), military records, and other records where required by local, state, or federal law for volunteers working with youth;
- 3) I am in no way obligated to perform any volunteer services;
- 4) Mañe'lu is not obligated to match me with a youth and may deny my application or close my match at any time, and to protect all participants' confidentiality, Mañe'lu is not required to disclose reasons for doing so;
- 5) Other Mañe'lu and youth organizations where I have worked or volunteered may be contacted as references;
- 6) As part of the enrollment processes, I will be required to provide additional personal information, including completion of an in-person interview;
- 7) I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted below.
- 8) I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities;
- 9) I understand that certain relevant information about me will be discussed with the parent/guardian of a child who is a prospective match (this might include demographic information, information relevant to parent/child preferences, and any information relevant to a child's safety or well-being);
- 10) It is my responsibility to update the agency if any of the information I provide on this application, in my interview, or any other information provided during the enrollment process changes (*i.e. address, phone number, auto-insurance, new criminal charges, etc.*).
- 11) I agree to timely communication and follow-up with all agency staff.

Please read the following carefully before signing this application:

I understand that this is an application for a volunteer opportunity and is not a promise or commitment by Mañe'lu.

I certify that all information I have provided or will provide to Mañe'lu, including this application, is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would affect my application for a volunteer position. I understand that information contained on my application will be verified by Mañe'lu. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a volunteer.

At any time while involved with the Mañelu program, I agree to immediately inform my Mañe'lu contact person of ar and all infractions, violations, charges and convictions related to any civil, domestic, or criminal occurrences. I Inderstand that Mañelu staff needs to be fully informed to provide the best guidance or support possible.				
Signature		Date		
If applicant is under the age of 18, co criminal history record check informa	-signature of a parent/guardian is requ tion:	ired for application and to obtain		
Parent/Guardian Name:	Signature:	Date		



RELEASE OF INFORMATION

l,	_, understand it will be necessary for Mañe'lu to investigate
my background and to check my character reference	ences. I hereby give my consent for this information exchange and
authorize such agencies to release any informa	tion requested by Mañe'lu. I understand that the agencies
contacted may be insurance agents, employers, co	ourts, police, social services, and any other persons or agencies
with which I have had contact. A photocopy of this	form will be considered as valid as the original.
Print Name:	Date:
Signature:	
	Media Release
I hereby give Mañe'lu permission without o	compensation to the use (full or in part) of all still photos or video
recordings taken of me for use in promotional/publ	licity purposes.
I further release Mañe'lu from any liabi	lity for what I, or anyone claiming by, through, or under me
might deem misrepresentation in connection with	the use of the aforementioned items in which I may have appeared. I
am 18 years of age or older and have read the	above authorization and release prior to its execution. If under 18
years of age, the parent or legal guardian indicated	below has signed on my behalf.
Print Name:	Date:
Signature:	

FULL RELEASE OF ALL CLAIMS

	and fully assument of the pessibility of physical or
(Volunteer's Full Name)	, am fully cognizant of the possibility of physical or accession with, an fully cognizant of the possibility of physical or accession with, and fully cognizant of the possibility of physical or accession.
	ease Mañe'lu, and any person or group associated therewith, from a
, , , , , , , , , , , , , , , , , , , ,	
liability (past, present, tuture, actual, claimed, or o	ontingent) which may otherwise exist or be claimed to exist, as a result o
my participation in any such activity or event, the u	undersigned assuming all risk for any liability, harm, or injury which migl
otherwise be claimed or exist, and waiving any ri	ight I have to dispute the scope of this release on any statutory or other
ground.	
l also agree to immediately notify the staff of Mar	ñe'lu, in writing, of any concern, potential claim or other problem arising
from or regarding my participation in the program	1.
C	DRIENTATION RELEASE
,, und	derstand that at the time of matching, I will be provided the Mañe'lu
Orientation Packet, which will include information	on child maltreatment and personal safety. I understand that it is m
responsibility to review this information and that I	may contact Mañe'lu at any time for further information regarding you
personal safety, or to arrange for further training	with Mañe'lu staff.
, ,	
SIGNATURE	DATE
CASEWORKER SIGNATURE	DATE



VOLUNTEER PRE-INTERVEW QUESTIONNAIRE

Prior to your in-person interview, please answer the questions below. Parents of youth in our programs will often ask questions about someone with whom their child will be matched. The information you provide will also help us make a better match for you and assure we can support you during your involvement with our program. *Please note that you will have an opportunity to discuss these questions and your responses more thoroughly during your in-person interview.*

Name:					
1.	Do you have any concerns about your ability to fulfill the 6/12-month commitment required of mentors? Yes No				
2.	Do you anticipate any significant li Yes No	fe changes over the next y	ear or had any this past year?		
	Please describe:				
3.	Have you ever been accused, arres	sted, charged, or convicted	of a crime?		
4.	Have you had any driving citations Yes No	and/or moving violations	in the past 5 years?		
5.	Do you have guns, ammunition, or Yes No	other weapons in your ho	use?		
6.	Are you experiencing any physical or mental health issues? Yes No				
7.	Do you speak any foreign languages?☐ Yes ☐ No				
8.	. Is there anything else you'd like to tell us about yourself or any questions that you have?				
9.	Are there other people living in yo Provide name, age, relationship to				
	Name:	Age:	Relationship:		
	Name:	Age:	Relationship:		
	Name:	Age:	Relationship:		
	Name: Age: Relationship:				
I have a	nswered these questions honestly a	and completely to the best	of my knowledge.		
Signatu	re		Date		



DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT

Mañe'lu ("The Company") may request an investigative consumer report about you from a third-party consumer reporting agency for Volunteer purposes (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of investigative consumer reports to the extent permitted by law.

Printed Name	
Signature	 Date



ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate standalone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Mañe'lu at any time after receipt of this authorization and throughout my volunteer service, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Guam Police Department, Courts of Guam and IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net.

Guam and IntelliCorp Records, Inc., I	my current employer for	ough Guam Police Department, Courts of Employment and Reference Verifications. esources Department and to any listed
I also consent to have any legally rec	uired notices sent electi	onically.
Printed Name	_	
Signature	 Date	<u> </u>
Parent or Legal Guardian Signature (for searches conducted on minors Under the age of 18)	Date	



CONFIDENTIALITY POLICY

Mañe'lu, formerly Big Brothers Big Sisters of Guam respects the confidentiality of client and volunteer records and, with the exception of situations listed below, shares information about clients and volunteers only among the agency professional staff.

All records are considered the property of the agency and not the agency workers or clients or volunteers themselves. Records are not available for review by the clients or volunteers.

- 1. Information will be released to other individuals or non- Mañe'lu organizations only with the client or volunteer's written consent.
- 2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials unless the clients or volunteer request otherwise.
- 3. For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, may have access to client and volunteer records.
- 4. Members of the Board of Directors or evaluators appointed by the Board have access to client files upon authorization of the Board of Directors.
- 5. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
- 6. Information shall be provided to an agency's legal counsel in the event of litigation or potential litigation involving the agency.
- 7. Territorial law mandates that suspected child abuse be reported to the appropriate authorities (GPD or Child Protective Services-DPHSS).
- 8. If an agency worker receives information indicating that a client or volunteer may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or report to the local law enforcement authorities.
- 9. At the time a child or volunteer is considered as a match candidate, information is shared between the prospective match parties. The information about the volunteer may include such items as: age, gender, race, religion, interests, hobbies, marriage, family status, sexual orientation, living situation, etc. Information about the child may include such items as age, gender, race, religion, interests, hobbies, family situation, etc.

By signing this document, I have read, a	inderstand, and agree to program participation under
the above conditions.	
Signature	Date