

MENTOR APPLICATION

Who can be a Mentor? Blue belts and above may serve as mentors to students of equal or lesser rank. The mentor must be a responsible positive christian role model, the **same gender** as the student, at least 21 years old and not same household, immediate family.

All mentor information will remain confidential. Neither the student nor their parent have to see your application if you don't wish. Your application can be mailed in separate from the student application. If you do not have a particular student in mind a student will be assigned to you based on program placement factors. Thanks for your consideration.

Position Summary

The mentor serves as a role model, friend, an advocate, provides encouragement and instruction to the Student for at least 14 months.

WORKING RELATIONSHIP

There is one Mentor for each student. Monthly meeting and progress reports are required.

DUTIES AND RESPONSIBILITIES OF THE MENTOR

- Commits to spending at least 14 months in contact with the student.
- Cooperates with the Mentor selection process by returning screening materials promptly.
- Mentor will attend **one** training session (one day visit, est. 45mins.-1hr) at Jubilee Church in North Little Rock. Training is a requirement and takes place **after** the student is accepted to the program.
- Maintains consistent contact with the student. A minimum of one but recommended three **contacts** per month.
- Observes all Program policies and guidelines. Discloses possible student violations of policy with the Program Director.
- Coordinates the Student's access to other community resources.
- Participates in home visits and relevant Jubilee activities.
- Mentor play an important role encouraging the student to be placed (military, education, volunteer, church, work, etc. and stay on the right path.
- Communicates monthly with the Program Director through Monthly Meeting and Progress Reports.
- Informs of any problems or needs in the Mentor/Student relationship

**If you have any questions please, don't hesitate to contact our
Mentor Coordinator, 501-476-1333 or jubileechurchintl@gmail.com.** Mail Application
to Jubilee Church International ATTN: Jubilee Discipleship Program 10321 Maumelle Blvd
North Little Rock, AR 72113

All forms must be completed by the Mentor

PLEASE PRINT

Name of Student (legal name) you wish to Mentor _____

Mentor's Name _____ Age _____ Sex _____

Date of Birth _____ Social Security Number _____

Address _____ City _____ Zip Code _____ State _____
(Street) (Apt. #)

Telephone Number: (____) _____ Cell: (____) _____

E-mail Address: _____ Fax # _____

Mailing Address (if different from above) _____

Marital Status _____

Occupation/Employer _____ How Long Employed _____

May we call you at work? _____ Telephone (____) _____

Address _____ City _____ Zip Code _____ State _____
(Street) (Apt. #)

What is your relationship to the student?

Why do you want to become a mentor?

Other Volunteer Commitments _____

Please list three references (not relatives):

1. Name _____ Relationship _____
Home Phone _____

2. Name _____ Relationship _____
Home Phone _____

3. Name _____ Relationship _____
Home Phone _____

Mentor Liability Release

I understand and agree that I will be the one actually spending time with my matched student, and that I must exercise care in supervising my student while we are together. I also understand and agree that I am not a Jubilee Church program agent, and that Jubilee Church does not retain any power to control how these activities are to be conducted in the State.

I therefore agree that Jubilee Church will not be liable for, and I agree to hold Jubilee Church harmless from any and all liability, causes of action and losses imposed on it in any way relating to or arising out of this mentoring agreement, including, but not limited to; liability for personal injuries, whether the liability, cause of action, or loss is caused by my negligence, or Jubilee Church negligence or otherwise.

I further release Jubilee Church from any and all liability, claims, demands or actions or causes of action whatsoever arising out of any damage, loss or injury I might incur while participating in any of the activities contemplated by this mentoring agreement, whether such damage, loss or injury is caused by the negligence of Jubilee Church, its officers, agents, employees or otherwise.

I also agree to and will adhere to the terms, policies, guidelines, and boundaries set forth in the Jubilee Church Mentor Program training. I will conduct meetings with my student under legal guardian consent; in public venues; and never allow a position or opportunity for even perceived impropriety.

By signing below, I certify that I will promptly report any changes in my address, phone number, a coverage or status of my driver's license.

THIS INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Mentor's Signature

Date

**Authorization for Release of Confidential Information
Contained Within the**

Arkansas Child Maltreatment Central Registry – MENTOR APPLICATION

I hereby request that the Arkansas Child Abuse & Neglect Central Registry release any information their files may contain indicating the undersigned applicant as an alleged perpetrator of suspected child maltreatment. This information should be addressed to:

JUBILEE CHURCH DISCIPLESHIP PROGRAM

10321 MAUMELLE BLVD. NORTH LITTLE ROCK, AR 72113

Do Not Fax! Must Have Original!

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

<p>_____ Applicant's Name (Print clearly)</p>	<p>_____ Social Security Number</p>
<p>Telephone: Home _____</p>	<p>Work: _____</p>
<p>_____ Maiden Name/Aliases</p>	<p>_____ Full Name/DOB Children</p>
<p>_____ Race Age/DOB</p>	<p>_____ Full Name/DOB Children</p>
<p>Current Address: _____ _____</p>	<p>_____ Full Name/DOB Children</p>
<p>from _____ to _____</p>	<p>_____ _____</p>
<p>Past Addresses: _____ _____</p>	<p>_____ Full Name/DOB Children</p>
<p>from _____ to _____</p>	<p>_____ Full Name/DOB Children</p>
<p>_____ _____</p>	<p>_____ _____</p>
<p>from _____ to _____</p>	<p>from _____ to _____</p>

COUNTY OF _____
STATE OF ARKANSAS
Acknowledged before me this _____ day of _____,
My commission expires:

Notary Public

JUBILEE CHURCH DISCIPLESHIP PROGRAM
10321 MAUMELLE BLVD NORTH LITTLE ROCK, AR 72113
MENTOR APPLICATION
CRIMINAL RECORD CHECK

I the undersigned, hereby give my consent for the Arkansas State Police to conduct the required criminal record check(s) on myself and release any results to the Jubilee Discipleship Program. Providing false information on this form is a violation of Arkansas Law and is punishable as set forth in Arkansas Code 5-53-103.

This information is necessary to assist in determining my qualifications and suitability for the position I am seeking with Jubilee Church. I fully understand that the information collected may be of a sensitive, confidential, and privileged nature, and may reflect upon my suitability. I hereby release Jubilee Church and its agents from the liability and damage that may result from the exchange of requested information between law enforcement departments and Jubilee.

LAST NAME	FIRST	MIDDLE	MAIDEN
<hr/>			
DATE OF BIRTH	SEX	RACE	SOCIAL SECURITY #
<hr/>			
DRIVER'S LICENSE #	STATE OF ISSUE		
<hr/>			
MAILING ADDRESS	CITY	STATE	ZIP CODE
<hr/>			

STATEMENT OF OATH:
I STATE ON OATH THAT THE REPRESENTATIONS MADE HEREIN ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT	DATE
<hr/>	<hr/>

STATE OF ARKANSAS
COUNTY OF _____
SWORN AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC IN AND FOR THE
COUNTY AND STATE AFORESAID, THIS THE _____ DAY OF _____

My commission expires: _____ Notary Public _____

JUBILEE CHURCH DISCIPLESHIP PROGRAM
MENTOR SPIRITUAL ASSESSMENT SURVEY

How long have you been a Christian? _____

Where do you regularly attend church? _____

May we contact your Pastor? YES _____ NO _____

Do you serve in your church or other community organizations or programs?

Do you have any ministry background or experience? If so, explain: _____

Describe your relationship with Christ and how your Christian experience has impacted your life:

Do you have any addictions or habits that you believe may inhibit or affect your ability to serve as Christian role model? If yes, explain:

What do you believe God has given you to impart into the life of another?

Additional Comments: