



Winona County Restorative Mentoring

Donna J. ...



Volunteer Mentor Application

Name: _____ Social Sec. # _____
First Middle Last

Home address: _____
Zip No. & Street City State

Permanent address: _____
(if student give permanent address) No. & Street City State Zip

Permanent phone: _____ Home phone: _____

Cell Phone: _____ Email Address: _____

Driver's License #: _____

Employer: _____ Occupation: _____

Length of Employment: _____ Supervisor's Name: _____

Business Phone: _____ Working Hours: _____ Can we call you at work? Y / N

Place & Date of Birth _____ Age _____

The following information is for statistical and matching purposes and has no bearing on service or acceptance:

Gender: ___ Male ___ Female Ethnic Background: _____
Are you presently a student? _____ School _____

Have you ever been a mentor before? _____ If yes, please list name and location of agency:

VOLUNTEER POLICY AND PROFILE

Restorative Justice Mentoring is a service designed to help children who have shown a need for a strong relationship with an interested and caring adult. Therefore, the assessment process is designed to do two things. 1) Determine whether you and the program fit well together. 2) Get a sense of who you are and where you come from so we can make the best possible match. Your personal history and interests will be discussed to asset these two things. Some of this information will be shared with the parents and child of your potential match. While this is an interfaith and interracial program, the desires of all parties are respected in the selection process. Any party has the right to refuse the match proposal based on the information communicated.

The undersigned acknowledges and agrees that: 1) He/She is not obligated, if called upon, to perform the volunteer services herein applied for and that the agency is not obligated to assign, or actively seek to assign, him/her a child and 2) As a part of the agency's assessment process, additional personal information may ne elicited from the applicant by professional agency personnel. 3) I acknowledge that I have read and understand the orientation packet included with this application packet. 4) I also agree to contact Restorative Justice staff if any critical information (ie. License revocation, DUI's, criminal charges and/or convictions) occur after I have become part of the Restorative Justice Mentoring program.

Signed: _____ Date: _____



Winona County Restorative MENTORING

Drop In



MENTOR # : _____

Date of Application: _____

MENTOR QUESTIONNAIRE

1) Why do you want to be a mentor?

2) Describe the significant role models you have had in your life?

3) Describe your childhood family relationships and how they might influence a mentoring relationship.

4) Do you have any experience working with children, and if so, how will it help you in working with your mentee?

5) Describe your work experience in the past five years (include places of employment, positions held, reason for leaving) and/or your military service.



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6) Describe your educational experiences, starting with high school.

Please check the highest level of education completed. No high school graduation ___ High School graduate ___ College Courses ___ Associated Degree ___ BA/BS Degree ___ PhD ___ Other ___

7) What are your long-range goals for yourself?

8) What concerns do you have about being a mentor?

9) What assets do you have that would benefit a mentor/child relationship?

10) How do you feel about mentoring a child whose behavior, standards, values, and attitudes differ from yours?

11) What hobbies / interests do you have and what types of activities would you like to do with your mentee ?



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12) What types of things do you think young people today need the most help with?

13) Have you ever been arrested or convicted of a crime or investigate for child abuse or neglect?
(If yes, please explain)

14) Mentoring a young person is a big responsibility and can change the lives of both the young person and the mentor. What do you hope to gain from the experience and what do you hope the mentee gains from the relationship?



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Drop In



My Desired Mentee

Name of volunteer: _____ Date: _____

For the success of our program and your mentoring relationship, we'd like to match you with the child best suited to you and your interests. Please check the categories on this form that will best describe the child that you would like to work with. If a category makes no difference to you, check the box that says "Does not matter: Remember, there are no "wrong" answers.

I would most like to be a mentor to:

Gender: ___ A Boy ___ A Girl ___ Does not matter

Age: ___ 10-12 ___ 12-14 ___ 14-16 ___ 16-18 ___ Does Not Matter

Ethnicity: ___ Native American ___ Hispanic American
___ African American ___ Chinese American
___ Asian American ___ Caucasian
___ Other ___ Does not matter

Personality: ___ Talkative ___ Outgoing ___ Other ___ Aggressive
___ Hyperactive ___ Shy
___ Does not matter

Disability: ___ yes ___ no ___ Does not matter

A mentee who lives in the following geographical areas:

___ Winona ___ St. Charles
___ Dakota ___ Does not matter

___ A "tougher situation", someone who has more challenges.

___ A "easier situation", someone who has less challenges.

___ It makes no difference

___ I have a strong objection working with someone with a drug / alcohol offense.

___ I have a strong objection working with someone who has been sexually molested.

Please let us know if you have any other strong objections as everyone naturally has a different comfort level:

What times can you meet with your mentee?

___ During lunch ___ After School ___ After 5:00
___ Weekends ___ During regular business hours

Can you speak any other languages? _____