

JVMPF  
1831 Robinson Street  
Jackson, MS 39209  
ATTN: Elizabeth Perkins  
Or you may email to:  
Mzelizperk@gmail.com  
Phone: 601-238-2073



**John & Vera Mae  
Perkins Foundation**

# Mentor Application

*Please use blue or black ink when completing. Thank you!*

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

Name: \_\_\_\_\_ Male/Female (Circle)

Permanent address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's license #: \_\_\_\_\_

Alternate address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Length of employment: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

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

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

How did you hear about the JVMPF? \_\_\_\_\_

### Mentoring Information

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

Can you meet with a child as often as our program requires? \_\_\_\_\_

Do you have any previous experience volunteering or working with youth?: \_\_\_\_\_

What times can you meet with your mentee?:

During lunch: \_\_\_\_\_

Weekends: \_\_\_\_\_

After school: \_\_\_\_\_

After 5:00: \_\_\_\_\_

Please list any of your hobbies/interests that would help us to better match you with a mentee:

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What types of activities would you like to do with your mentee?:

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Would you prefer to be matched with a child from a specific?:

- Grade level: K-5 \_\_\_\_\_ 6-8 \_\_\_\_\_ 9 – 12 \_\_\_\_\_

**What is the best way to contact you regarding JVMPF events?** Email \_\_\_ Texting \_\_\_ Phone \_\_\_

Can you speak any other languages?: \_\_\_\_\_

**Please read this carefully before signing:**

Our program appreciates 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 local child abuse/neglect and backgrounds check.

I have read and understood the program's rules, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor.

I agree to the time commitment of at least 8 hours a month for the duration of the school year (9 months).

Thank you for filling out this form. We will do our best to match you with an appropriate mentee.

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

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

John & Vera Mae Perkins Foundation

Volunteer Mentor Commitment

**Please read each item carefully; in signing this commitment, you agree to uphold each individual item.**

I \_\_\_\_\_ agree to support and uphold the mission of the JVMPF Youth Mentoring Program.

*The mission of the JVMPF Youth Mentoring Program has been developed to ensure that all youth in their community have guidance and support needed to facilitate successful development in their community.*

By volunteering to serve as a Mentor, I am committing to:

- **Respect, uphold, and model the programs' goals and objectives**
- **Volunteer as a mentor for at least a nine months period or more**
- **Devote at least one hour per week, or eight hours per month, with my mentee**
- **Attend mentor training sessions and occasional planned events (ex. Social event, fundraiser, etc.); review content from missed training sessions.**
- **Update program administrator MONTHLY regarding the status of the mentoring relationship. Day of month I will email Program Administrator: \_\_\_\_\_**
- **Keep program administrator informed of address and telephone changes at all times as well as mentoring resignations**
- **Inform administrator immediately upon incurring criminal charges of any nature**
- **Publish no recognizable photos of my mentee to the internet in any form: Facebook, Google, Instagram, Twitter etc. There are situations in which this will endanger your mentee.**

I also understand that my services as a mentor can be terminated for non-compliance with the above statements.

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Date

## JVMPF Youth Mentoring Program

Application and Authorization for Criminal Record Check

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**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
              **First**      **Mid.Ini.**      **Last**              **Date of Birth:** \_\_\_\_\_

**Former Last Name** (if applicable) \_\_\_\_\_

**Current County & State of Residence:** \_\_\_\_\_ **Dates:** \_\_\_\_\_ - present  
  County/State

**Prior County(s) & State(s) of Residence:**

1. \_\_\_\_\_  
  County/State/Dates:
2. \_\_\_\_\_  
  County/State/Dates:
3. \_\_\_\_\_  
  County/State/Dates:

### References:

Please list the name and phone number of two personal references:

1. \_\_\_\_\_
2. \_\_\_\_\_

Years of education? \_\_\_\_\_ Have you ever worked with youth before? **Y** **N**

Have you ever been convicted or arrested for a Felony Offense? \_\_\_\_\_

Have you ever been investigated in connection with a child abuse or neglect matter? \_\_\_\_\_

Do you see any problems with maintaining confidentiality as it relates to your mentee (with the exclusion of mandatory reportable incidences)? \_\_\_\_\_

If yes please explain: \_\_\_\_\_

**Has an employer or other organization run a Background Check on you in the last six months?** No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, Name of Organization: \_\_\_\_\_

Do you have a copy of your Background Check? No \_\_\_\_\_ Yes \_\_\_\_\_

**If yes, please attach copy, if available.**

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

I authorize the John & Vera Mae Perkins Foundation Youth Mentoring Program to initiate a criminal background check and a child abuse registry check to verify my suitability to serve as a mentor. I understand that juvenile information is confidential and is not to be disclosed to others in accordance with SDCL 26-7A-28 and 36-7A-29.

Signature \_\_\_\_\_ Date \_\_\_\_\_

John & Vera Mae Perkins Foundation  
YOUTH MENTORING PROGRAM  
CONFIDENTIALITY STATEMENT

AS A MEMBER OF THE JOHN & VERA MAE PERKINS FOUNDATION YOUTH MENTORING PROGRAM, I AGREE TO BE BOUND BY THE FOLLOWING RULES OF CONFIDENTIALITY:

- ALL INVESTIGATIVE AND CASE RECORDS, FILES, AND INFORMATION OF THE John & Vera Mae Perkins Foundation YOUTH MENTORING PROGRAM. CONCERNING JUVENILES WILL BE KEPT CONFIDENTIAL, EXCEPT AS HEREIN PROVIDED.
- CONFIDENTIAL MATTER WILL NOT BE DISCLOSED TO ANYONE OTHER THAN THOSE MEMBERS OF THE PERKINS FOUNDATION YOUTH MENTORING PROGRAM TO WHOM DISCLOSURE IS NECESSARY FOR THE PURPOSES OF THE PROGRAM AND WELL-BEING OF THE CHILD AND AS PROVIDED IN **SECTION 26-10-12.2** OF THE MISSISSIPPI CODIFIES LAWS AND TO LAW ENFORCEMENT PERSONNEL, COURT SERVICES OFFICERS, PAROLE OFFICERS AND MEMBERS OF THE JUDICIARY.
- ANY MEMBER OF THE PERKINS FOUNDATION YOUTH MENTORING PROGRAM WHO VIOLATES THE ABOVE RULES OF CONFIDENTIALITY WILL BE DISMISSED FROM THE PROGRAM.

FURTHERMORE, I UNDERSTAND THAT A KNOWING VIOLATION OF THE CONFIDENTIAL NATURE OF JUVENILE REPORTS, RECORDS, FILES OR INFORMATION IS A CRIME PUNISHABLE BY UP TO ONE YEAR IN THE COUNTY JAIL AND A \$1,000.00 FINE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MEMBER

# Volunteer Service Bank (VSB) Volunteer Information



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_  
Birthday: \_\_\_\_\_ Phone (C): \_\_\_\_\_

Languages:

- |                                  |                                    |                                  |
|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish   | <input type="checkbox"/> French  |
| <input type="checkbox"/> German  | <input type="checkbox"/> Norwegian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Signing | <input type="checkbox"/> Braille   | <input type="checkbox"/> Other:  |

COLLEGE STUDENTS: Are you volunteering for class credits? (Indicate hours needed): \_\_\_\_\_

Additional information is needed from those volunteers who provide transportation to service recipients (mentees) through the Volunteer Service Bank. All mentors must be covered by liability insurance. In addition, volunteers providing transportation will be covered on an additional basis by the VSB.

*Please complete the following:*

Driver's license number and State issued: \_\_\_\_\_

Expiration Date of License: \_\_\_\_\_

Do you carry auto liability:  Yes  No

Color of automobile: \_\_\_\_\_ (Note: If automobile changes please up office)

Have you had any driving violations in the past year? \_\_\_\_\_

If so, please explain:

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**Volunteer's Signature:**

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