

South Dakota Youth Hunting Adventures is a partnership with Big Friend Little Friend of the Mitchell Area (BFLF). The information in your application below will be processed by Big Friend Little Friend for you to become a mentor in the SDYHA program.

SDYHA Hunter Mentor Application

Mentor Requirements:

Mentors must:

- Be 21 years of age.
- Be able to serve as a positive role model for a child.
- Inform BFLF of any misdemeanor or felony charge, arrest conviction, pardon or any suspended imposition of sentence incurred during the intake process and/or the match including any/all Game Fish and Parks violations.
- Commit to spending quality learning time with a child as they learn the process of becoming a responsible, safe hunter.
- Commit to meeting the responsibilities of a mentor as outlined in the **Mentor Time and Responsibility Commitment List** (gone over during intake process).
- Be free of drug and alcohol abuse or treatment for 3 years.
- Have a valid driver's license, access to an insured vehicle, and proof of insurance.
- Agree to intake interview(s) with a BFLF Match Support Specialist.
- Agree to not mentor your own child or other relative.

Mentor intake process consists of:

- Completion of the *Mentor Application*.
- Providing 4 personal references who know about your hunting experience.
- Providing proof of valid driver's license and auto insurance.
- Consenting and completing a federal background check.
- Complete intake interview(s) with BFLF Match Support Specialist.
- Attend and complete all mentor trainings provided by BFLF and SDYHA.

SDYHA VOLUNTEER APPLICATION

Thank you for your interest in becoming a SDYHA Mentor or Volunteer. Please submit the completed application via email to mitchellbflf@gmail.com, fax to 605-250-6051, or mail to 104 W 5th Ave. Mitchell, SD 57301.

Along with this application, you will need to submit a copy of a government-issued photo ID, as well as your driver's license *(if not used as your government-issued photo ID)*, and proof of auto-insurance. All applications will be given equal consideration regardless of race, age, sex, disability, marital status, sexual orientation, religion or national origin.

Check the position you are most interested in (each person must complete an application)

South Dakota Youth Hunting Adventures Mentor South Dakota Youth Hunting Adventures Volunteer

GENERAL INFORMATION

| First Name: | Middle Name | : | Last Name: | | | Preferred Name: | | | | |
|--|---------------|------------------------------|---|--------------------------------|------------------------|-----------------|-----------------------------|---------------------------|--|--|
| Home Phone #: | Work Phone # | t : | Cell Phone #: | | | | Is it okay to text you? | | | |
| Home Address: | | | City: | | | | State: | Zip: | | |
| E-mail: | | | How do you prefer to be contacted? (Phone, e-mail, time of day, etc.) | | | | | | | |
| Date of Birth: | | | Gender: | | | | Marital Status: | | | |
| | | | | | | | If applicable, maiden name: | | | |
| Occupation: | | How Long | | | ong Employed? Work Ho | | | ours? | | |
| | | | | Can you receive calls at work? | | | | | | |
| Highest Level of Education: | | | Are you a student at this time? Yes No | | | | | Yes No | | |
| Area of Study: | | | If yes, please name school: | | | | | | | |
| Do you have current or past military experience? | | | Yes No Dates of Service: | | | | | | | |
| Do you have a current and valid driver's license? | If yes, state | If yes, state of issue and # | | | Do you have a vehicle? | | | | | |
| | Expiration of | date: | | | exce | | required min | ce that meets or imum? | | |

How did you hear about our program?

Have you previously applied to be or served as a mentor here or anywhere else? **Yes No** If yes, when and where?

Have you ever been denied acceptance or released from service as a volunteer or employee for another youth-serving organization? \Box Yes \Box No

If yes, when and where?

Are you interested in learning about additional ways to contribute to the South Dakota Youth Hunting Adventures mission? **Yes No**

If yes, please check all interests that apply.

- Becoming a donor Volunteering at organization events; banquets, hunts, recruiting events, etc.
- □ Volunteering at agency fundraising events □ Helping to recruit volunteers
- Inviting SDYHA to speak at a company, church, organization, or other group of which I am a member

REFERENCE INFORMATION

Please list information for four references below including:

- Your spouse or domestic partner (i.e., if you live with a significant other/girlfriend/boyfriend) OR a family member, if you do not have a spouse, partner, or significant other)
- Current or former employer or co-worker you have known for at least one year, or someone from your school if you are a student
- A friend or neighbor you have known for at least two years

| Spouse/Partner's name: | | Family member name (if no spouse/partner): | | | | | | |
|--|-------------------|--|--------------|---------|------|--|--|--|
| Address: | | City: | | State: | Zip: | | | |
| Day Phone #: | Cell #: | | Email: | | | | | |
| Employer or Co-worker (curre | nt or past) or sc | hool personnel (if | you are a st | udent): | | | | |
| Address: | | City: | | State: | Zip: | | | |
| Day Phone #: | Cell #: | | Email: | | | | | |
| Friend, Neighbor, or other personal reference: | | | | | | | | |
| Address: | | City: | | State: | Zip: | | | |
| Day Phone #: | Cell #: | | Email: | | | | | |
| Friend, Neighbor, or other per | sonal referenc | e: | | | | | | |
| Address: | City: | | | State: | Zip: | | | |
| Day Phone #: | Cell #: | | Email: | | | | | |

In addition to the previous references, Big Friend Little Friend 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: | | Direct supervisor: | | | | | | |
|----------------------------------|---------|--------------------|--------------------|--|--------|------|--|--|
| Address: | | City: | | | State: | Zip: | | |
| Day Phone #: | Cell #: | | Email: | | | | | |
| Dates of involvement/employment: | | | | | | | | |
| Reason for leaving: | | | | | | | | |
| Organization name: | | | Direct supervisor: | | | | | |
| Address: | | City: | | | State: | Zip: | | |
| Day Phone #: | Cell #: | | Email: | | | | | |
| Dates of involvement/employment: | | | | | | | | |
| Reason for leaving: | | | | | | | | |

CONSENT / UNDERSTANDING

- 1) The references and youth serving-organizations I listed may be contacted by mail, telephone, email, or in-person
- 2) I am in no way obligated to perform any volunteer services
- 3) The BFLF agency 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, BFLF is not required to disclose reasons for doing so
- 4) As part of the enrollment processes, I will be required to provide additional personal information, including completion of an in-person interview, home interview, and the necessary training
- 5) 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
- 6) I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities
- 7) 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)
- 8) 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.*)
- 9) I agree to timely communication and follow-up with all agency staff

Signature _____ Date _____

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 Big Friend Little Friend.

I certify that all information I have provided or will provide to Big Friend Little Friend, 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 Big Friend Little Friend. 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 Big Friend Little Friend program, I agree to immediately inform my Big Friend Little Friend contact person of any and all infractions, violations, charges and convictions related to any civil, domestic, or criminal occurrences. I understand that BBBS staff needs to be fully informed to provide the best guidance or support possible.

| Signature | Date | |
|-----------|------|--|
| 0 | | |

If applicant is under the age of 18, co-signature of a parent/guardian is required for application and to obtain criminal history record check information:

Parent/Guardian Name ______ Signature _____ Date _____

TALENT / MEDIA RELEASE

I hereby consent to the use, sale, reproduction, transfer, or conveyance, of any and all photographs, images, likenesses, and voice recording of me in all forms (with or without the use of my name) by Big Friend Little Friend of the Mitchell Area, or by any designee of the Agency.

I hereby consent to the use of all forms of media including advertising, trade, display, editorial, art, exhibition, and Agency newsletters (with or without my photograph and / or my name). I hereby give this consent and release to Big Friend Little Friend, their nominees and designees from liability for any violation of any personal or proprietary right and agree to hold Big Friend Little Friend of the Mitchell Area harmless from all liability from the use, sale, reproduction, transfer or conveyance of the aforementioned items.

Please check one:

I have read this document, understand it is a release of all claims, and <u>consent</u> to the above.

I do not consent to the above.

Signature _____ Date _____