



Big Friend Little Friend of the Mitchell Area/**MENTOR MOM**
104 W 5th Ave, Mitchell, SD 57301
Phone/Fax (605) 292-4444
mitchellbff@gmail.com

MENTOR MOM APPLICATION

Name _____ Birthdate _____
Street _____ City _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Cell Provider _____
Work Phone _____ Email Address _____
Employer _____ Occupation _____
Can we contact you at work? Yes No Work Hours _____

**Along with this application, you will need to submit a copy of your driver's license and proof of auto-insurance.

REFERENCES

Please list four references that we can contact; ONE work reference and THREE non-family references

WORK REFERENCE:

Name Supervisor _____
Company name _____
Address _____
Phone _____ Email _____

PERSONEL REFERENCE: *known for at least TWO years*

Name _____ Relationship _____
Address _____
Day Phone _____ Email _____

PERSONEL REFERENCE: *known for at least TWO years*

Name _____ Relationship _____
Address _____
Day Phone _____ Email _____

PERSONEL REFERENCE: *known for at least TWO years*

Name _____ Relationship _____
Address _____
Day Phone _____ Email _____

Please list any mentoring organizations at which you have worked or volunteered in the past.

Organization _____ Supervisor _____
Phone _____ Email _____

HOUSEHOLD

Are there other people living in your household?

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

VOLUNTEER MENTOR COMMITMENT: If I am accepted in to the Big Friend Little Friend of the Mitchell Area/Mentor Mom program, I will, to the best of my ability, serve as a positive role model for my Young Mom. I will meet with my Young Mom once a week for at least an hour and continue this relationship for at least one year. Furthermore, I will update the BFLFMA staff once a month, as to the status of my match relationship. I will inform BFLF/MM immediately upon incurring any civil, domestic or criminal charges of any nature. I also understand that my services as a mentor can be terminated for non-compliance with the above statements.

Signature

Date

CONFIDENTIALITY POLICY

It is the policy of Big Friend Little Friend of the Mitchell Area (BFLF)/Mentor Mom (MM) to protect the confidentiality of its mentor moms, young moms and their families. The BFLF/MM staff will only share information about mentor moms, young moms and their families with BFLF/MM board of directors, student interns, or work-study students. In addition, mentors are required to keep information regarding their young mom and her family confidential.

All files are considered the property of BFLF/MM and are not available for review by young moms or volunteers.

LIMITS OF CONFIDENTIALITY

1. Information will be released to other individuals or organizations only with a signed release form from the mentor or young mom.
2. Written consent for BFLF/MM to use images in media as indicated in media release and consent form.
3. Information shall only be provided to law enforcement officials or the court upon delivery of a valid subpoena.
4. State law mandates that suspected child abuse or neglect be reported to the Department of Social Services. Mentors and/or BFLF/MM staff will report any suspected abuse or neglect of a minor.

I have read and understand the Big Friend Little Friend of the Mitchell Area/Mentor Mom confidentiality policy.

Signature

Date

MEDIA RELEASE

I hereby grant Big Friend Little Friend of the Mitchell Area/Mentor Mom the right to use images and names as they may desire, in all media and in all forms including, but not limited to, publications, any televised photography and recordings, brochures, newsletters, videos, online and social media sites.

Check one:

- I hereby ACCEPT to be used for any BFLF/MM media opportunities
- I hereby DECLINE to be used for any BFLF/MM media opportunities

Signature

Date

ACTIVITIES AND INTERESTS

Place an X next to the activities you enjoy and would like to do with your young mom.

- Spectator Sports: DWU Sports, MHS Sports, Hockey, Soccer, Amateur Baseball
- Football
- Baseball
- Softball
- Basketball
- Track
- Soccer
- Tennis
- Volleyball
- Golf/Mini-golf
- Ping Pong
- Roller-skating
- Roller-blading
- Bowling
- Swimming
- Archery
- Frisbee/Frisbee golf
- Martial Arts
- Snow Skiing
- Cross Country Skiing
- Ice Skating
- Ice Fishing
- Snow Tubing
- Snow Board
- Hockey
- Bike Riding
- Walking/Running
- Hiking
- Camping
- Fishing
- Hunting
- Picnics
- Boating
- Canoeing
- Water Sports
- Horseback Riding
- Animal Care
- Gardening

- Woodworking
- Arts & Crafts
- Scrapbooking
- Photography
- Sewing/Needle work
- Computers/Electronics
- Music
- Movies
- Museums
- Plays
- Concerts
- Dancing
- Collecting Items: What: _____
- Reading
- Library
- Board Games
- Video Games
- Musical Instruments: Which One: _____
- Cooking
- Baking
- Astronomy
- Shopping
- Skate Boarding
- 4-Wheeling
- Geocaching

Others not listed:

_____	_____
_____	_____
_____	_____

NEEDS ASSESSMENT

Below are areas that many young moms identify as needing help with.

Please place a check next to the items you feel comfortable assisting a young mom with:

- | | |
|---|---|
| <input type="checkbox"/> Quit Smoking | <input type="checkbox"/> Quit Alcohol Consumption |
| <input type="checkbox"/> Quit Use of Drugs | <input type="checkbox"/> Understanding the Effects of Drugs/Alcohol on Babies |
| <input type="checkbox"/> Understanding What a Healthy Relationship Looks Like | |
| <input type="checkbox"/> Difficult Dating Relationship | <input type="checkbox"/> Difficult Home Situation |
| <input type="checkbox"/> Relationship with Baby's Father | <input type="checkbox"/> Relationship with Parents |
| <input type="checkbox"/> Relationship with Child(ren) | |
| <input type="checkbox"/> Finding a Job | <input type="checkbox"/> Writing a Resume |
| <input type="checkbox"/> Creating a Budget | <input type="checkbox"/> Planning for Future |
| <input type="checkbox"/> Finishing High School | <input type="checkbox"/> Finishing a G.E.D. |
| <input type="checkbox"/> Working on College Applications | <input type="checkbox"/> Working on Relationships with Teachers |
| <input type="checkbox"/> Day Care Options | <input type="checkbox"/> Accessing Additional Baby Items |
| <input type="checkbox"/> Accessing Food Stamps | <input type="checkbox"/> Accessing Housing Assistance |
| <input type="checkbox"/> Accessing Medicaid | <input type="checkbox"/> Accessing Baby Care |
| <input type="checkbox"/> Learning Parenting Skills | <input type="checkbox"/> Learning Discipline Techniques |
| <input type="checkbox"/> Cooking/Baking | <input type="checkbox"/> Keeping Home Clean/Baby Proof |
| <input type="checkbox"/> Developmental Stages of Your Child | <input type="checkbox"/> Age Appropriate Foods |
| <input type="checkbox"/> Age Appropriate Toys | |
| <input type="checkbox"/> Exploring Birth Control Options | <input type="checkbox"/> Finding a Doctor |
| <input type="checkbox"/> Losing/Gaining Weight | <input type="checkbox"/> Exercise Options |
- Others: _____

Please read the following carefully before signing this application:

I certify that all information I have provided or will provide to Big Friend Little Friend of the Mitchell Area/Mentor Mom, 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 falsifications or exclusions may be cause for immediate rejection or termination as a volunteer.

I agree to immediately inform Big Friend Little Friend of the Mitchell Area/Mentor Mom of any and all infractions, violations, charges and convictions related to any civil, domestic or criminal incidences.

I understand that this is an application for a volunteer opportunity and is not a promise or commitment by Big Friend Little Friend of the Mitchell Area/Mentor Mom.

Applicant Signature

Date