

## **UFM Teen Mentoring Program** *Volunteer Mentor Information*

### **About the Mentoring Program:**

The UFM Teen Mentoring Program offers a structured program of support and life skills to youth in grades 7 - 12. The program provides a safe, supportive and consistent environment for teens to learn positive life skills and to focus on primary prevention activities.

### **Program goals include:**

- Teaching positive life skills and alternatives to alcohol and drug use
- Improving confidence and resistance skills
- Enhancing the self-esteem of participants
- Improving personal control
- Improving interpersonal communication
- Empowering youth to take responsibility for their own futures

### **Volunteer responsibilities:**

Volunteers are asked to provide support, encouragement and friendship to teens referred to the program. Each mentor is generally assigned one or two adolescents. Mentors need to be available about three hours per week, on Tuesday or Thursday afternoons, plus a little time for additional follow up. The group meets on Tuesdays or Thursdays from 3:00 to 5:30 p.m. during the school year and Wednesday from 3:00 to 5:00 in the summer. Mentors are also requested to come early to help transport students from school to UFM. Meetings are held at UFM Community Learning Center, 1221 Thurston. Activities are planned each week to provide life skills, learn new skills and have fun. Recreation is planned at least once a month and might include bowling, ice skating, kickball or other activity.

**MANDATORY** mentor meetings are held on Sunday evenings once a month. These meetings allow time to discuss upcoming activities and the mentor's role in facilitating the success of the upcoming activities. Mentor meetings include program evaluation and mentor development. Time is also allowed to process any issues mentors notice with their students.

In addition to the group meetings, mentors are asked to follow up with their students weekly by a phone call, visit or e-mail. All interaction outside of weekly group meetings must be parent/guardian approved.

### **The requirements to volunteer are:**

- Willingness to commit time for weekly group meetings and monthly mentor-only meetings. This includes picking up the students from school and taking them home after group.
- Enthusiasm and patience
- Interest in developing a friendship with a middle school or high school student
- Ability to commit a minimum of one semester (More than one semester is encouraged.)
- Regular attendance is expected.
- Completion of the application, interview process and background check.
- Maintain the confidentiality of their student's experiences, comments, and conversations inside and outside weekly group meetings.

**For more information, call Amber Reeves UFM at (785) 539-8763 or visit [www.tryufm.org](http://www.tryufm.org)  
UFM Community Learning Center    1221 Thurston St    Manhattan, KS**

*UFM Teen Mentoring Program  
Volunteer Mentor Application*

Name: \_\_\_\_\_ Daytime #: \_\_\_\_\_ Evening #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Interest in High School group** \_\_\_ or **Middle School group** \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Year in School: \_\_\_\_\_ How long will you be in this community? \_\_\_\_\_ College major or area of interest:

Why are you interested in volunteering for this program?

Do you have transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to come early at 2:30 p.m. to pick up students from school and bring them to UFM?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had personal involvement with the court system? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain.

Volunteer work, and youth involvement; Special Skills you can share:

Other information you would like us to know about you:

List 3 persons **not related to you**, with their addresses and phone numbers, who can judge your ability to serve as a positive role model for a youth in our community.

- 1.
- 2.
- 3.

*The information I am presenting in this application is true and correct to the best of my knowledge. I hereby give UFM Community Learning Center permission to contact my references concerning my qualifications to be a Mentor. I also give permission for my references to provide UFM information about my experiences with them. If appointed as a mentor, I agree to abide by stated rules and goals for the program and will fulfill my responsibilities to the best of my ability.*

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



UFM Mentor Emergency Information Form



Mentor's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternative Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Mentor's Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_