





**G. CRIMINAL JUSTICE SYSTEM INVOLVEMENT**

1. Have you ever been a victim of a crime? No \_\_\_ Yes \_\_\_ If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been involved in, investigated, arrested, and/or convicted of an assault? No \_\_\_ Yes \_\_\_ If so: When? \_\_\_\_\_  
Please Explain: \_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been involved in, investigated, arrested, and/or convicted of a felony or other offense? No \_\_\_ Yes \_\_\_ If so: When? \_\_\_\_\_  
Please Explain: \_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been involved in, investigated, arrested, and/or convicted of abuse, neglect, or sexual molestation of a minor? No \_\_\_ Yes \_\_\_ If so: When? \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_

**H. SUBSTANCE USE/ABUSE**

1. Explain your present use of alcohol and or any drugs: \_\_\_\_\_  
\_\_\_\_\_

2. Explain your past use of alcohol or any drugs: \_\_\_\_\_  
\_\_\_\_\_

**I. GENERAL BACKGROUND INFORMATION**

1. Have you ever applied to be (or have been) a Senior Partner before? No \_\_\_ Yes \_\_\_  
If yes, please explain: \_\_\_\_\_

2. Describe your past experience with children/youth: \_\_\_\_\_  
\_\_\_\_\_

3. What attitudes, values, or beliefs are of special importance to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please list your interests, hobbies, avocations, or activities you pursue/enjoy: \_\_\_\_\_  
\_\_\_\_\_

5. Do you have any special skills, talents, or training you would be willing to share?  
No \_\_\_ Yes \_\_\_ If so, please describe: \_\_\_\_\_

**J. REFERENCES**

List four references (one present or past employer, two friends who have known you for at least two years, and one relative). If you have recently been, or are currently in counseling/therapy/treatment, please substitute the name of your therapist for one of your friend references.

- 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**STATEMENT OF UNDERSTANDING**

I understand that Partners will contact the above listed references and any other person(s) deemed necessary for purposes of determining my suitability to become a Senior Partner. I will provide Partners with: 1) my Central Registry background screening, 2) a copy of my valid driver's license, 3) a copy of my driver's record, and 4) proof of automobile insurance. I agree to notify Partners of any change in my automobile insurance coverage or driver's license status, or of any involvement in, investigation, arrest, or conviction of any criminal offense within 7 days of such action. I understand that any misrepresentation of personal information or history could result in termination or non-acceptance as a Senior Partner.

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

PARTNERS

SENIOR PARTNER  
STATEMENT OF CONFIDENTIALITY

To the Senior Partner:

The information supplied by you on all forms submitted to partners, Inc., as part of the Senior partner application process is strictly confidential. Partners, Inc. may use it in combination with information supplied by other individuals to produce research reports, but NO individuals will be identifiable from any report produced from this information.

Furthermore all information made available to you by Partners, Inc. about Junior Partners during the matching process or during the course of a Partnership Match and any information of which you become aware on your own during the course of a Partnership Match is strictly confidential.

By signing below, you attest that:

1. You are aware that the information you provide to Partners will be held in the Strictest confidence, that it may be used for statistical reports of a summary nature, and that your identity will not be disclosed in any way by it's use.

AND

2. Any and all information which comes into your possession and knowledge about Junior Partners before or during a partnership match is confidential and may not be shared with anyone, including spouse, other than the staff of Partners, Inc.

Name \_\_\_\_\_  
Last First MI

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Making the World a Better Place for Our Kids

## SENIOR PARTNER REFERENCE FORM

To: \_\_\_\_\_  
From: Partners serving Gunnison, Crested Butte and Lake City  
Reference form for: \_\_\_\_\_

Your name has been submitted to Partners as a reference for the Volunteer application named above. This individual, by signing the statement below, grants you permission to complete this reference form and to return it to us for use in evaluating this individual's application to become a Senior Partner (mentor) with our organization.

I hereby give permission to the individual named above to complete this reference form and release all such pertinent information to Partners.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Partners serving Gunnison, Crested Butte and Lake City is a nonprofit organization that promotes positive change in at-risk youth (i.e., Junior Partners) through one-to-one relationships (i.e., Partnership Matches) with adult volunteers (i.e., Senior Partners). These youngsters have been in trouble with the law enforcement/judicial system and/or are experiencing difficulties at home, school, or with peers. Many are victims of abuse or neglect.

The Partners model of structured mentoring requires the Senior partner to spend at least three hours each week for a minimum of one year with the Junior Partner. We request that you answer the questions below and share any comments/opinions/thoughts you have about the applicant to assist us in determining the applicant's suitability/capabilities to become a Senior Partner. Please answer these questions only to the extent that you feel qualified to do so and to the extent that you have knowledge to answer a particular question, please indicate that in the response area below.

1. What is your relationship to and how long have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_

2. What strengths does this applicant have that might relate to working with at-risk youth?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What problems might this applicant have with working with at-risk youth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_





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\_\_\_\_\_

2. What strengths does this applicant have that might relate to working with at-risk youth?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What problems might this applicant have with working with at-risk youth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How does this person cope with stressful situations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

5. How does this person adapt to differences among people? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

6. How has this person demonstrated commitment in the past? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

7. Comment on the stability and dependability of this person. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

8. Are you aware of any	criminal convictions of this applicant?	Yes	No
	Allegations of child abuse or molestation?	Yes	No
	Any other criminal offense's?	Yes	No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

9. To your knowledge does the applicant have any drug or alcohol problems? Yes No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

10. Do you feel this person would make a good mentor to an at-risk youth? Yes No  
And fulfill the one year commitment to the Junior Partner? Yes No

11. Additional comments/observations about this applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Thank you for completing this reference form. We greatly appreciate you time. Please sign below and return this form to us in the enclosed return-addressed envelope.

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

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
City State Zip



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\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What problems might this applicant have with working with at-risk youth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How does this person cope with stressful situations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

5. How does this person adapt to differences among people? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

6. How has this person demonstrated commitment in the past? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

7. Comment on the stability and dependability of this person. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

8. Are you aware of any	criminal convictions of this applicant?	Yes	No
	Allegations of child abuse or molestation?	Yes	No
	Any other criminal offense's?	Yes	No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

9. To your knowledge does the applicant have any drug or alcohol problems? Yes No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

10. Do you feel this person would make a good mentor to an at-risk youth? Yes No  
And fulfill the one year commitment to the Junior Partner? Yes No

11. Additional comments/observations about this applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Thank you for completing this reference form. We greatly appreciate you time. Please sign below and return this form to us in the enclosed return-addressed envelope.

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

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
City State Zip

## Volunteer/ Employment Background Screening Agreement

Name: \_\_\_\_\_  
Last First Middle Maiden

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
mm/dd/yyyy

Current Local Address: \_\_\_\_\_  
No. Street Apt/Unit  
\_\_\_\_\_  
City State Zip

How long at this Address? \_\_\_\_\_

Permanent Home Address:  
(If different from above) \_\_\_\_\_  
No. Street Apt/Unit  
\_\_\_\_\_  
City State Zip

Have you lived in Colorado for the past (12) years? Yes No  
If **No**, please list all previous places of residence for the past 12 years.

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No. Street	City	County	State	From	To
------------	------	--------	-------	------	----

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No. Street	City	County	State	From	To
------------	------	--------	-------	------	----

*If additional space is needed, please use the back of form.*

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date \_\_\_\_\_  
mm/dd/yyyy

I certify that the above information is true, complete, and accurate and hereby give permission to Gunnison–Hinsdale Youth Services, Inc. dba Partners, to conduct the following background screening: criminal, sexual abuse, and drivers' record. I acknowledge that any attempt on my part to deceive or hide past personal history may preclude my acceptance as a volunteer or employee or result in termination of participation as a volunteer or as an employee if such deception is discovered after acceptance.

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Legal Signature

Date





### **Volunteer Process Check List**

- Senior Partner Application Completed
- Signed Statement of Confidentiality
- Completed Background Screen Form
- Donation for \$50.00 to **Partners** to process background screening
- Fingerprints located at Police Department (second floor of Town Hall—Virginia and Wisconsin) \$10.00 in **cash** for services.
- Return completed fingerprint card to partners
- Return four completed reference forms to partners
- Complete Interview
- Complete Training
- Complete Home Inspection
- Bring your license and auto insurance cards to be copied by Partners case manager

**If you have any questions or concerns please call the Partners office (970)641-5513 or visit [www.gunnisonmentors.com](http://www.gunnisonmentors.com)**