

Hobbs Municipal Schools Mentorship Program

OUR MISSION STATEMENT

The Hobbs Municipal Schools Mentorship Program aims to help students establish a caring relationship with a mentor.

OUR PRIMARY INTENTIONS TO HELP STUDENTS TO:

- feel good about themselves;
- recognize their unique potential;
- set reachable goals for their future; and
- become responsible citizens.

OUR SECONDARY GOALS ARE TO:

- provide support to teachers and counselors;
- make schools friendly places for volunteers; and
- involve communities in supporting the students.

HISTORY

Based on the Wise Men & Women program model, the HMS Mentorship Program was established in 1997. In 2009, the City of Hobbs, the Lea County Community Drug Coalition, and the Hobbs Municipal Schools joined forces to ensure students continued success through mentoring.

THINGS WE BELIEVE IN

- One caring relationship with an adult outside the family can make a big difference, leaving a positive imprint on a student for the rest of their life.
- A strategic time to intervene in a student's development is from 6-14.
- The most critical aspect of mentoring is the relationship itself. It is the built-in trust and sincere dialogue which help to build "good character."

A SCHOOL-BASED MODEL

One of the central features of the Hobbs Municipal Schools Mentorship Program is that **mentors meet with students on school grounds**. Given that available space is rare at schools, this may mean the counselor's office, the cafeteria, or sometimes the playground.

THE SCHOOL WAS CHOSEN AS THE SERVICE SITE FOR MANY REASONS:

- It is a familiar community place for students and parents.
- Students associate school with learning and making friends.
- Students learn to accept that mentors have a specific time and place in their lives.

Hobbs Municipal Schools Mentorship Program

VOLUNTEER APPLICATION

(PLEASE PRINT)

| GENERAL INFORMATION | | | | | |
|--|---------------------------|-----------------------|-------------------|------------------------------------|-----------|
| Last Name | Maiden Name if Applicable | First Name | Middle Name | Date of Birth | Ethnicity |
| Address | | City | State | Zip Code | |
| Telephone | Cell Phone | Email Address | | | |
| Drivers License Number | | State/Expiration Date | | | |
| Employer Name | | Occupation | Employment Length | Work Phone (If ok to call at work) | |
| Employer Address | | City | State | Zip Code | |
| Have you lived in New Mexico for five (5) years? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |

| EMERGENCY CONTACT INFORMATION | | | |
|-------------------------------|------------|----------------|---|
| Last Name | First Name | Middle Initial | Relationship |
| Address | | City | State Zip Code |
| Telephone | Cell Phone | Email Address | |

| PERSONAL/CHARACTER REFERENCES (Do not include family members) | | | | |
|---|--------------|-------------------|--------------|--------------|
| Name | Phone Number | Best Time to Call | Relationship | Date Checked |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

| BACKGROUND INFORMATION |
|--|
| Have you ever been arrested, charged, or convicted of a sex-related crime involving violence or threat of violence? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: |
| Have you ever been arrested, charged, or convicted of a crime involving criminal activity in drugs or any intoxicants (e.g., alcohol, controlled substances, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: |

Have you ever been arrested, charged, or convicted of a crime for which there has not yet been an acquittal or dismissal? Yes No

If yes, please specify:

Have you ever received treatment for alcohol or substance abuse? Yes No

If yes, please specify:

Have you ever been treated or hospitalized for a mental health disorder? Yes No

If yes, please specify:

How did you learn about the Hobbs Municipal Schools Mentorship Program?

Please describe your experience with school-age children (e.g., parenting, coaching, teaching, counseling, volunteering, etc.)

Please tell us about your strengths and unique talents.

Please explain why you desire to volunteer.

AUTHORIZATION AND ACKNOWLEDGEMENT

HMS Mentorship Program appreciates your interest in becoming a mentor.

Please initial each of the following:

_____ I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS ACCURATE. I AM AWARE THAT THE INFORMATION IN THIS APPLICATION WILL BE KEPT CONFIDENTIAL BY THE HOBBS MUNICIPAL SCHOOLS MENTORSHIP PROGRAM.

_____ I authorize the investigation of all statements contained in this application. I trust the Hobbs Municipal Schools Mentorship Program to secure information about my experience with former volunteer positions and agencies and for those parties to provide information concerning my background, releasing all parties from liability. **I understand that falsification, misrepresentation, or omission of facts called for will result in immediate dismissal or removal of my application from consideration.**

_____ I agree to conform to the policies and procedures of the Hobbs Municipal Schools Mentorship Program.

_____ I understand that criminal history and FBI fingerprint background check investigations are required following New Mexico State Licensing Regulations for all volunteer mentors with the Hobbs Municipal Schools Mentorship Program. I also understand that before the commencement of any volunteer work with the HMS Mentorship Program, my fingerprints are required, and an investigation into my criminal history will be conducted according to the applicable laws and requirements. With this understanding, I knowingly and voluntarily consent to use my fingerprints and criminal history by the HMS Mentorship Program. Further, I authorize any law enforcement agency (federal, state, or local) to provide any record or information concerning my criminal history to the HMS Mentorship Program for such purposes.

_____ I have been informed and understand that the HMS Mentorship Program does not discriminate based on race, color, national origin, sex, religion, age, marital status, disability, handicap, or veteran status.

_____ (Optional) I allow HMS Mentorship Program to utilize my name and photographic images of me. These may be used in promotions or other related marketing materials.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Applicant Signature

Date

****The mentoring process is not complete until the following is finalized:**

1. Application must be submitted to the program coordinator, Debbie Cox - coxd@hobbsschools.net.
2. Training with the Community Drug Coalition of Lea County at 575-391-1301.
3. Background check with Bonnie Juarez, Hobbs Municipal Schools Human Resources Department, at Juarezb@hobbsschools.net or 575-433-0100 ext. 3033.

MENTOR CONTRACT

Name: _____ Date: _____

By choosing to participate in the Hobbs Municipal Schools Mentorship Program, I agree to the following:

- Follow all rules and guidelines as outlined by the program coordinator, mentor training, program policies, and this contract
- Provide the necessary support to help my mentee succeed
- Make a one-year commitment to being matched with my mentee
- Meet weekly during the scheduled time
- Be on time for scheduled meetings or call the school or program coordinator at least 24 hours beforehand if I am unable to make a meeting
- Inform the principal/counselor of any difficulties or areas of concern that may arise in the relationship
- Keep any information that my mentee tells me confidential except in case it may cause them or others harm
- Never be in the presence of my mentee when I have or am consuming alcohol, tobacco, or controlled substances
- Notify the program coordinator if I have any changes in address, phone number

I now certify that I have not been convicted of any felony or misdemeanor classified as an offense against a person or family, public indecency, or a violation involving a state or federally controlled substance. I am not under a current indictment.

Further, I now fully release, discharge, and hold harmless the HMS Mentorship Program and all of the previous' employees, officers, directors, and coordinators from any liability, claims, causes of action, costs, and expenses arising from, relating to, or which may be or may at any time hereafter become attributable to my participation in the program.

I understand that the HMS Mentorship Program staff reserves the right to terminate any mentor from the program at any time for any reason. The HMS Mentorship Program is within the scheduled sessions, exclusively at the program location. I agree to limit my actions to the activities permitted within the confines of the program's policies. I understand that any relationships or contact established between the mentor/mentee and family members beyond the organized and supervised activities of the program are neither encouraged nor condoned. I permit program staff to conduct a criminal background check and verify any information I provided on this program application as part of the screening for entrance into the HMS Mentorship Program, including, without limitation, verification of personal references and a criminal background check. Program staff has the absolute right to acceptance of applicants into the program at their sole discretion.

_____ (please initial) I understand that upon match closure, future contact with my mentee is beyond the scope of the HMS Mentorship Program and may happen only by the mutual consensus of the mentor, the mentee, and the parent/guardian.

I agree to follow all the above stipulations of this program and any other conditions as instructed by the program coordinator at this time or in the future.

Signature of applicant

Date

Signature of HMS Mentorship Program Staff

Date