



## *Interview Checklist*

Mentor Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Reference Check/ Letters

- Reference 1
- Reference 2
- Reference 3

**Background Check**

License

Car Insurance

Car Registration

Mentoring Training

Mentor Commitment Agreement

NOTES:



TOVA MENTOR APPLICATION

**FOR OFFICE USE ONLY**

ORIENTATION DATE \_\_\_\_\_  
DATE APP. RECEIVED \_\_\_\_\_

DATE \_\_\_\_\_

**I. PERSONAL DATA**

Name (Last, First): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Borough/County: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

How did you hear about TOVA? \_\_\_\_\_

How long have you resided at your current residence? \_\_\_\_\_

What other states have you lived in since you were 18? \_\_\_\_\_

Have you ever changed your name? \_\_\_\_\_

Social Sec. \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

**II. FAMILY**

Marital Status: Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_  
Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Do you have any children? \_\_\_\_ if yes, Name(s) \_\_\_\_\_ Age(s) \_\_\_\_\_

**EMERGENCY CONTACT:**

Name and relationship: \_\_\_\_\_ Phone: \_\_\_\_\_



**I. EMPLOYMENT/EDUCATION (PLEASE ATTACH RESUME, IF AVIALABLE)**

If currently employed, name of employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Can you be contacted at work? \_\_\_\_ Days/Hours Worked: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**Education** (Check One): \_\_\_\_High School Plus/Other Training \_\_\_\_Some College \_\_\_\_Associates Degree

\_\_\_\_Bachelors Degree \_\_\_\_ Masters Degree \_\_\_\_Professional Degree (Ph.D., Dr, Law)

Are you currently enrolled in school? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of School: \_\_\_\_\_ Program or Major: \_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_

**II. INTERESTS /PERSONAL**

What, if any, activities or organizations do you participate in? \_\_\_\_\_

\_\_\_\_\_

Have you ever applied to this or any other mentoring agency? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, where, and when? \_\_\_\_\_

Have you ever been convicted of a crime, other than a parking violation?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, type of offense: \_\_\_\_\_

Date: \_\_\_\_\_ Describe: \_\_\_\_\_

Are you fluent in any foreign languages? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what language: \_\_\_\_\_

**III. AVAILABILITY**

Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

**Are you confident you can make a commitment to spending at least one year with TOVA?**

If matched, will you be able to meet the agency's requirement of supervision with a caseworker (biweekly contact first 2 months and monthly contact thereafter)? Yes \_\_\_\_\_ No \_\_\_\_\_



#### IV. REFERENCES

Please list the names and addresses of three people who can serve as character references. **YOU MUST INCLUDE YOUR JOB SUPERVISOR OR ACADEMIC ADVISOR. YOU MAY NOT USE RELATIVES OR CLOSE FRIENDS.**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite/FI \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name : \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name of Company : \_\_\_\_\_  
Address: \_\_\_\_\_ Suite/FI \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite/FI: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_



**PLEASE READ CAREFULLY AND SIGN**

**WITHOUT YOUR SIGNATURE YOUR APPLICATION IS NOT VALID.**

**MENTOR POLICY**

TOVA matches mentors with youth who have shown a need for a one-to-one relationship in an effort to promote their growth and development.

The assessment interviews are designed to establish a profile of volunteers and their interests. This profile will be used by the agency to determine qualification for service and the best match. As part of the assessment process, professional agency personnel will elicit personal information from me. It is my responsibility to ensure that the agency receives any necessary information that would aid the assessment process. Non-compliance will result in withdrawal of my consideration as a TOVA mentor.

My signature on this form does not obligate me to perform the services applied for, and the agency is not obligated to assign, or actively seek me for a match.

I acknowledge that this application becomes the property of TOVA. All of the information I provide is accurate and is subject to verification by TOVA.

**In the event of the agency's determination of my ineligibility, in accordance with longstanding agency policy, the reason will not be provided.**

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

TOVA  
540-A Willow Ave. Cedarhurst, N.Y. 11516  
Phone: 516-295-0550 Fax: 516-295-2899  
yehuda@tovamentoring.org



**APPLICANT RELEASE AND AUTHORIZATION FORM**

*I hereby authorize TOVA or other authorized representatives of the company bearing this release , or copy thereof, to obtain any information in our files pertaining to my employment, military, credit, criminal, driving record, workers' compensation claims, or educational records including, but not limited to, information concerning academic achievement, attendance, disciplinary actions, character work habits, performance, experience and reasons for termination of past employment.*

*I hereby direct you to release such information upon request of TOVA or other authorized representatives of the company.*

*I hereby fully release and discharge my prospective employer or other authorized representatives of the company, their respective affiliates, employees, agents, attorneys, and any individual organization, entity, agency, or other source providing information to my prospective employer from all claims and damages arising out of or relating to any investigations of my background for employment purposes.*

*I acknowledge that a telephonic facsimile or photographic copy shall be valid as the original. This release is valid for most federal, state, and county agencies.*

FULL NAME: \_\_\_\_\_  
(Print)

FULL NAME: \_\_\_\_\_  
(Signature)

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DOB: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

WITNESS BY: \_\_\_\_\_

TOVA  
540-A Willow Ave. Cedarhurst, N.Y. 11516  
Phone: 516-295-0550 Fax: 516-295-2899  
yehuda@tovamentoring.org



## **MENTOR COMMITMENT AGREEMENT**

As a mentor in the TOVA mentoring program, I \_\_\_\_\_

AGREE TO: Follow and adhere to the Mentor Code requirements and procedures as outlined below:

- 1) Show up to all meetings on time.
  - a. must attend three trainings per year.
  - b. must attend all scheduled supervision meetings ( 1-2 times per month
- 2) Contact my mentee's school prior to missing a session and call the same day to reschedule.
- 3) Do not leave mentee during your time together.
- 4) Mentors are required to hand in case notes every month to their case managers.
- 5) If you suspect drug or alcohol abuse, sexual abuse, or any other threat to the student's health or welfare, notify the program director immediately.
- 6) There should be no drugs, alcohol or tobacco, profanity or derogatory comments ever in the student's presence.
- 7) All information you are told about your student is CONFIDENTIAL and sharing that information with others is a violation of the law, EXCEPT IN THE CASE OF SUPERVISION. You may tell the student that you can talk about whatever he/she would like, however there are certain things that you are required by law to tell the director. There are exceptions to this requirement of confidentiality, and it is critical, for the welfare of the student and to protect yourself from violating the law, that you adhere to these exceptions:
  - a. If a student confides that he or she is a victim of sexual, emotional or physical abuse you MUST notify the program director IMMEDIATELY. You may be subject to criminal prosecution if you do not.
  - b. Document when this information was reported and to whom it was given. Remember this information is extremely personal and capable of damaging lives, so DO NOT share it with anyone except the appropriate authorities.
  - c. If the student tells you of his/her involvement in any illegal activity, you must tell the director immediately. Document when this information was reported and to whom it was given
- 8) Mentors are required to meet with mentor supervisors 2 times per month for the first two months of the match and monthly there after. It is expected that mentors will contact their supervisors or the TOVA office immediately in any dangerous or compromising situation.
- 9) Term of contract is one academic year. Mentors will be paid \$20.00 per session. Sessions that are scheduled, but do not take place, are not payable. Please make every effort to reschedule missed appointments.

It is the responsibility of the mentors to schedule and follow through with regular supervision meetings.

**Failure to hand in your paperwork will result in a delayed paycheck.**  
**Paychecks will be dispersed on a monthly basis.**



## SUMMARY

These procedures are designed to protect the students from harm and to prevent the appearance of impropriety on the part of the individual mentors, volunteers, students and schools participating in the TOVA mentoring program. One accusation could, at the very least, seriously damage the reputation of all the participating families and endanger our entire program.

Please know that we appreciate your participation in the TOVA Mentoring Program and your acceptance of these procedures. If you have any questions, call TOVA at 516-295-0550

I have read, understand and agree to strictly abide by the TOVA Mentoring Program Code. I understand that failure to adhere to these procedures may result in my removal from the program.

Signature \_\_\_\_\_ TOVA staff member \_\_\_\_\_

Print Name \_\_\_\_\_

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