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REACH & RISE® MENTORING PROGRAM

FREQUENTLY ASKED QUESTIONS

WHY WAS THE MENTORING PROGRAM CREATED?

- Reach & Rise mentoring program was established to serve the needs of young people not being met by existing mental health services.
- To offer over-stressed families a resource to help meet their children's needs.
- To provide youth with positive, growth-inducing relationships with adults through mentoring.
- To make a difference in a child's life.

WHAT TYPE OF YOUTH DOES THE PROGRAM SERVE?

- Youth ages 6-17.
- Young people experiencing challenges with low self-esteem, poor academic progress, peer difficulties, family conflict and/or poor decision making, for example.
- Youth from a wide range of ethnic diversity and socio-economic backgrounds.
- Youth encompassing a variety of family backgrounds: intact families, single-parent families, blended families, foster homes, and/or grandparent or other relative-headed families.

HOW ARE YOUNG PEOPLE REFERRED TO THE PROGRAM?

- From school counselors, teachers and principals.
- From community agencies such as social welfare and counseling agencies.
- From YMCA Programs
- From the YMCA community, friends, family, and/or self-referrals.
- All referrals to Reach & Rise go through an application process and an initial telephone and/or face-to-face screening with the Program Director. This process helps determine whether or not each child is appropriate for the program. Those children assessed to have mental health problems not appropriate for our program will be referred elsewhere. The types of issues not likely to be handled by our mentors include: acute depression, homicidal or suicidal behavior, drug/alcohol dependence, and violent behavior.

WHO ARE THE MENTORS?

- Volunteers from the local community who wish to make a positive impact on young people.
- Adults ages 21+
- Adults from varied cultural, educational and professional backgrounds.
- Mentors are often recruited within the YMCA membership, community agencies, local corporations and universities.

WHAT IS EXPECTED OF MENTORS?

- Mentors fill out a volunteer application and speak with the Program Director for an initial screening.
- Mentors commit to spending 1-3 hours once a week with a youth for one year.

- Mentors will complete 15+ hours of paraprofessional counseling training before being assigned to a young person (usually over the course of 4-5 weeks).
- Mentors will need to a fingerprint security screening and reference checked before being matched.
- Mentors must have a clean driving record if they plan to drive their mentee.
- Mentors must have valid auto liability insurance and driver's license.

HOW ARE MENTORS SUPPORTED ONCE THEY'VE COMPLETED THE TRAINING AND HAVE BEEN "MATCHED" WITH A YOUTH?

- **Reach & Rise**® is committed to on-going training and support for all volunteer mentors, and the Program Director is actively involved in goal-setting and on-going planning with all mentors for their mentees.
- Mentors are invited and encouraged to attend ongoing mentor support group meetings, which are led by the Program Director. This continuing support is considered vital because it provides structure for the mentors as well as on-going training and development of mentoring skills. Individual telephone support is provided on a monthly or as needed basis. The Program Director can serve as a liaison between the mentor and the mentee's family to work through any issues that may arise in the mentoring relationship.

SHOULD I BECOME A MENTOR?

These questions are things to consider and help you decide if being a mentor is right for you.

This form is for you to keep, you do not need to submit it with your application.

- Do you genuinely like children?
- Do you like child-centered or adolescent-type activities?
- Are you flexible? Can you tolerate disappointments?
- Do you get frustrated easily? Can you be patience when things are unpredictable?
- Can you be non-judgmental? Do you believe there is a right or wrong way to do most things?
- Can you be friends with a child and his/her family who are different from you socially?
- Are you dependable? Can you be counted on to do what you've said you will do?
- Do you have friends who meet your own adult social needs? Or are you hoping a child will be a companion for you?
- Do you have a sense of humor?
- Is becoming a Mentor something you've given some thought to about how it will impact your life over the next year & discussed it with others?

REACH & RISE[®] MENTORING PROGRAM

Volunteer Job Description

Objective: The Reach & Rise mentoring program trains adult volunteers to provide mentoring services to young people ages 6-17 for one year. We aim to help youth develop tools to cope with issues such as low self-esteem, family and peer conflicts, problems at school, and to improve their decision-making skills.

Time Commitment:

- 15+ hours of training
- 1-3 hours each week with child (flexible - scheduled by mentor and child)
- Optional Mentor Support Meetings
- Monthly phone check-in with Program Director

Reports To: Reach & Rise Program Director

Principal Activities: Developing supportive, consistent mentoring relationship with a child through recreational play and paraprofessional therapeutic techniques. Help children explore and cope with social and/or family struggles.

Position Requirements:

- Must be at least 21 years old
- Desire to work with youth and have interest in counseling/mentoring
- No prior felony convictions
- Must submit to fingerprint screening for security purposes
- Proof of auto insurance, copy of current driving record, and NO DUIs (if you plan to drive with mentee)
- One-year commitment to meet one time a week for 1-3 hours (on average)

Training and Support:

Mentors attend a 15 hours of training over the course of approximately 4-5 weeks to prepare mentors for the mentoring relationship such as information about the program, expectations, basic therapeutic concepts, relationship building, understand risk factors/mental health issues, how to handle safety issues, etc. If accepted into the program, mentors are then matched with a child. Optional monthly mentor support meetings with your fellow mentors facilitated by Program Director are also available.

Signature _____ **Date** _____

REACH & RISE[®] MENTORING PROGRAM

Mentor Application

Thank you for your interest in becoming a mentor with the Reach & Rise mentoring program. It is a great way to make a difference in a young person's life. This application is designed to provide information to help us match you with the most appropriate child and your answers will be kept confidential. **For security & safety purposes, all mentor applicants will need to have fingerprints or background checks completed and cleared before being matched with a youth.** If you have any questions, please contact the Program Director.

Please mail, fax, or email your completed application and a copy of your driver's license and current auto insurance to:

Program Director
Dubuque Community YMCA/YWCA, 35 N. Booth St Dubuque, IA 52001
P 563.556.3371 · reachandrise@dubuquey.org

MENTOR INFORMATION:

Date: _____

Name: _____

Age: _____ DOB: _____ Gender: _____

Personal Gender Pronoun (e.g. Him, Her, Their, etc.): _____

Address: _____ City: _____ Zip Code: _____

Home #: _____ Work#: _____

Cell #: _____ Email: _____

Best Way to be Contacted: Home # Cell # Work # Text Email

Best Times to be Contacted: _____

Occupation: _____ How Did You Hear About Us? _____

Do you have any felony convictions or misdemeanors? YES NO If Yes: _____

Have you ever abused or molested a child? YES NO

Do you have a clean driving record? YES NO If no, explain: _____

If you have a car, can you provide proof of liability car insurance? YES NO

Why do you want to become a Mentor? _____

Would you be a positive role model to a child? What qualities do you have that will help mentor a child? _____

Why do you think children "act out" or get in trouble? _____

Do you have any experience working with, volunteering, or spending time with youth? If yes, explain: _____

Please describe any **other** volunteer experiences you have: _____

Do you have any academic pursuits/experience that is related to working with youth? If yes, explain: _____

Who was a mentor for you as a child? What qualities did they have that helped you? _____

Please describe your relationships with your family (e.g. parent(s)/guardian(s), siblings, etc.) both **past & present**. Include how you were disciplined as a youth and by whom. _____

Please describe your relationship with a best friend and/or significant other? _____

Please describe past and current patterns of drug and alcohol use: _____

What are some of your interests & hobbies (things you would like to do with your mentee)? _____

Do you have a preference as to the age, race/ethnicity, gender, sexual orientation, special needs, religious beliefs, political affiliation, socioeconomic background, or geographic location of the youth you'd work with? _____

REFERENCES:

The YMCA checks references for all volunteers and the **Reach & Rise®** Mentoring Program requires 2 Personal References & 2 Professional References. The following information is required of all applicants.

PERSONAL REFERENCES

NAME	PHONE	E-MAIL	RELATIONSHIP TO YOU?	HOW LONG HAVE YOU KNOWN THIS PERSON?

PROFESSIONAL REFERENCES

NAME	PHONE	E-MAIL	RELATIONSHIP TO YOU?	HOW LONG HAVE YOU KNOWN THIS PERSON?

You just finished the first step toward applying to be a mentor & we look forward to getting to know you! Your application will be reviewed by the Program Director and you will be contacted regarding an interview, training group dates, & additional steps needed to complete the application process. YMCA reserves the right to terminate a volunteer applicant or volunteer at any time if needed.

Mentor Applicant Signature

Date

PRIVILEGE AND CONFIDENTIALITY NOTICE: Please note that the information contained on this document is protected and confidential. This document is intended for use by an authorized employee or agent of the YMCA. Any dissemination, distribution or copying of this document is strictly prohibited. If you have received this document in error, please notify the sender or intended recipient immediately.

REACH & RISE[®] MENTORING PROGRAM

National Code of Conduct

The following policies are intended to assist staff and mentors in making decisions about interactions with youth. For clarification of any guideline or to inquire about behaviors not addressed here, contact your Executive Director or Supervisor.

Please note that this National Code of Conduct for Reach & Rise[®] mentoring program may include certain exceptions to your Association's Code of Conduct or abuse prevention policies. Please note any differences and attach or add them to this document if needed.

For example:

Being alone with a single child - At no time should YMCA staff or volunteers be in a situation where they are alone with a single child. The YMCA will make every attempt to design and structure its programs to eliminate the potential for a staff member or volunteer to be in a one-on-one situation.

Special Standards—the following YMCA programs vary from this policy because of unique program design and special standards for supervision have been developed and are detailed in their staff manual.

- *Mentoring Program*

Reach & Rise provides the highest quality services available to our youth. Our commitment is to create an environment for youth that is safe, nurturing, empowering, and which promotes growth and success for the youth who participate in our program. Any type of abuse will not be tolerated and will result in immediate dismissal from the program. Our program will fully cooperate with authorities if allegations of abuse are made and investigated.

The Code of Conduct outlines specific expectations of staff and mentors as we strive to accomplish our mission together.

1. Youth will be treated with respect at all times.
2. Youth will be treated fairly regardless of race, sex, age, or religion.
3. Staff and mentors will not swear or tell off-color jokes.
4. Staff and mentors are prohibited from babysitting, or having contact with youth outside of the regularly scheduled mentorship meetings and activities.
5. Staff and mentors will not discuss their sexual encounters with or around youth or in any way involve youth in their personal problems or issues.
6. Staff and mentors will not date or become romantically involved with youth.
7. Staff and mentors will not use or be under the influence of alcohol or illegal drugs in the presence of youth.
8. Staff and mentors will not have sexually oriented materials, including printed or internet pornography, in the presence of youth and will not have inappropriate information on their public profiles.
9. Staff and mentors will not ask youth to keep any secrets.
10. Staff and mentors will dress conservatively in the appropriate clothing and avoid wearing provocative and revealing attire including midriffs, tank tops, halter tops, short shorts, or short skirts.
11. Staff and mentors will not stare at or comment on the youths' bodies
12. Staff and Mentors will not take mentees to their homes or spend time with them in the mentee's home alone (without parent/guardians there).

13. Staff and mentors will adhere to uniform standards of affection as outlined as follows:

Physical Contact

Our program has implemented a physical contact policy that will promote a positive, nurturing environment while protecting youth and mentors from misunderstandings. The following guidelines are to be carefully followed by all mentors working with youth:

Appropriate Physical Interactions	Inappropriate Physical Interactions
<ul style="list-style-type: none">• Side hugs• Shoulder-to-shoulder or "temple" hugs• Pats on the shoulder or back• Handshakes• "High-fives" and hand slapping• Verbal praise• Touching hands, shoulders, and arms• Arms around shoulders• Holding hands (with smaller children in escorting situations)	<ul style="list-style-type: none">• Full frontal hugs• Kisses• Touching bottom, chest or genital areas• Showing affection in isolated areas• Touching knees or legs• Wrestling• Piggyback rides• Tickling• Allowing a child to cling to a mentor's leg• Any type of massage given by or to a youth• Any form of affection that is unwanted by youth• Compliments that relate to physique or body development

- 1) Staff and mentors will avoid affection with youth that cannot be observed by others.
- 2) Staff and mentors will not engage in inappropriate electronic communication with youth.
- 3) Staff and mentors are encouraged to meet with youth in a public setting that is easily visible to others.
- 4) Staff and mentors shall not abuse youth in any way including the following:
 - a) Physical abuse: hitting, spanking, slapping, unnecessary restraints.
 - b) Verbal abuse: degrade, threaten, cursing.
 - c) Sexual Abuse: inappropriate touch, exposing oneself, sexually oriented conversations.
 - d) Mental abuse: shaming, humiliation, cruelty.
 - e) Neglect: withholding food, water, shelter.
- 5) Youth are prohibited from engaging in the following:
 - a) Hazing
 - b) Bullying
 - c) Derogatory name-calling.
 - d) Games of truth or dare.
 - e) Ridicule or humiliation.
- 6) Staff and mentors will report concerns or complaints about other staff and mentors, other adults, or youth to their supervisor or coordinator.
- 7) Staff and mentors who work in the program may not have engaged in or been accused or convicted of child abuse, indecency with a child, or injury to a child.
- 8) Staff and mentors agree to cooperate fully with any investigation of suspected child abuse and failure to do so may be grounds for termination.

Mentor Signature

Date

DUBUQUE COMMUNITY YMCA/YWCA (DCY) Child Abuse Prevention Policy

VOLUNTEERS

1. All new adult (over 18 years old) volunteers and returning adult (over 18 years old) volunteers who in the ordinary course of their volunteer duties work directly with minors are deemed to have a supervisory and/or disciplinary relationship over minors and will be screened for criminal history by submitting to a background check.
2. All returning program volunteers who have not volunteered or been criminal record checked by the Dubuque Community YMCA/YWCA during the same calendar year will be screened for criminal history by submitting to a background check before volunteering again.
3. All volunteers will not be permitted to work one-on-one in an outside capacity (e.g. baby-sitting, swim lessons) or having outside contact with any youth member or minor program participant of the DCY.
4. Any volunteers having contact with DCY youth members or program participants outside of a DCY program must be accompanied by at least one other adult during the duration of the activity.
5. All volunteers will be informed about the DCY child abuse policy including basic child abuse prevention, recognition and report training. New volunteers will receive an orientation and specific child abuse prevention training.
6. If you suspect child abuse based upon behaviors, physical symptoms or signs, you need to report it immediately to your supervisor, assess the situation and as appropriate report to appropriate authorities. All volunteers will be considered mandated child abuse reporters. Information on mandatory reporting will be issued to volunteers by DCY. No supervisor or administrator may impede a child abuse report and reporters are not required to disclose their identity in complying with internal procedures. However, when assessing for child abuse, consultation with the DCY management is strongly encouraged. A DCY Program Director or Executive Director should initial all child abuse incident reports.
7. Child abuse reports will be handled through DCY management with "witness" reporting (verbally or in writing) to supervisor. The supervisor designated child abuse reporter will contact Child Protective Services (CPS) or police as appropriate. The President & CEO should be informed of the incident and the report immediately. Also, if volunteers or staff have been accused or are involved in the incident, the President & CEO will be informed (verbally or in writing) immediately. Written report should be mailed by supervisor or designated personnel to CPS and sent to the President & CEO and Director of Human Resources.
8. All volunteers are required to inform their supervisor if they learn that a fellow staff or volunteer has a prior history of sexual abuse charges.
9. All volunteers are required to read the child abuse prevention policies and the incident reporting policies in the Handbook.
10. I have received a copy of the Dubuque Community YMCA/YWCA Child Abuse Prevention Policy. I have read the DCYs Child Abuse Prevention Policy and understand that I am responsible for knowing and complying with the procedures DCY requirements provided in these policies with regards to my employment/volunteering with the DCY. I will abide by the YMCA's policies and procedures at all times during my volunteerism including the provisions outlined in the Dubuque Community YMCA/YWCA Child Abuse Prevention Policy. This policy does not constitute or imply a contract. I understand that my volunteerism is *at-will* and that I, or the Dubuque Community YMCA/YWCA can terminate my volunteerism at any time with or without cause.

Print Name: _____

Signature: _____ Date ____/____/____

DUBUQUE COMMUNITY YWCA/YMCA

Statement Acknowledging Requirement to Report Suspected Child Abuse

NAME: _____ FACILITY: _____ POSITION: _____

Iowa Code 216A.107 requires any child care custodian, medical practitioner, or volunteers of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse, to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

"Child Care Custodian" includes teachers, licensed day care workers, administrators of community care facilities licensed to care for children, foster parents, and group home personnel.

As a prospective volunteer of this facility, your employment position falls within the definition of "child care custodian". Therefore, you are mandated to comply with the child abuse reporting requirements as stated above.

I, _____ have read and understand the requirements of Iowa Code 216A.107 as outlined above and will comply with those provisions.

Signature: _____

Date: _____

DUBUQUE COMMUNITIY YMCA/YWCA

Criminal Record Statement

INSTRUCTIONS:

1. As a condition of volunteering, the Dubuque Community YMCA/YWCA requires that you submit a background check &/or be fingerprinted and complete this affidavit.
2. Copies of this form are to be maintained in the Human Resources volunteer file &/or with the Reach & Rise program director.

Have you ever been convicted of a Crime?

Have you been convicted of a crime? (Exclude any minor traffic violations for which the fine was \$50.00 or less and occurred more than 2 years ago.)

YES

NO

If Yes, write on this form or attach a signed statement indicating the date of the crime(s), the nature of the crime(s), and circumstances of the crime(s).

Are you a registered sex offender?

YES

NO

I declare under the penalty of perjury that I have read and understand the information contained in this affidavit and that my responses and accompanying attachments are true and correct.

Print Name (Clearly)	City/County where signed	Date
Signature		



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DUBUQUE COMMUNITY YMCA/YWCA
35 North Booth Street
Dubuque, IA 52001
P 563.556.3371

Background Check Release Form DUBUQUE COMMUNITY YMCA/YWCA

I understand that a criminal background check will be completed on me and that my employment with the Dubuque Community YMCA/YWCA is contingent upon a negative background check.

Employee Signature

Date

Please supply the following information: (please print clearly)

Last Name

First Name

Middle Name

Social Security Number

Date of Birth

Maiden Name

Sex

Home Address

City

State

Zip Code

Current Address

City

State

Zip Code

_____ Volunteer

_____ Employee

Signature of Staff Supervisor

Date

Reach & Rise™ Matching Preferences

Mentor Name: _____

Preferred age range?

Preferred gender (men will be matched with boys only)?

Any preferred and disliked personality traits?

Do you have transportation or location restraints (how far are you able to drive)?

Any specific days or times you can't meet your mentee?

Any preferred times you'd like to meet with your mentee?

In what ways do you think your mentee will be similar or different from you?

Other information or preferences you'd like to share?



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DUBUQUE COMMUNITY YMCA/YWCA PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by Dubuque Community YMCA/YWCA, I hereby give my permission and consent, now and for all time, to Dubuque Community YMCA/YWCA, the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with Dubuque Community YMCA/YWCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at Dubuque Community YMCA/YWCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at Dubuque Community YMCA/YWCA, I authorize, according to this Release, shall belong to Dubuque Community YMCA/YWCA, YMCA of the USA and third parties collaborating with Dubuque Community YMCA/YWCA and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience Dubuque Community YMCA/YWCA;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience Dubuque Community YMCA/YWCA will not be subject to any obligation of confidentiality and may be shared with and used by Dubuque Community YMCA/YWCA, YMCA of the USA and third parties collaborating with Dubuque Community YMCA/YWCA and/or YMCA of the USA;
- Dubuque Community YMCA/YWCA, YMCA of the USA and third parties collaborating with Dubuque Community YMCA/YWCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at Dubuque Community YMCA/YWCA; and
- Dubuque Community YMCA/YWCA, YMCA of the USA and third parties collaborating with Dubuque Community YMCA/YWCA and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at Dubuque Community YMCA/YWCA for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge Dubuque Community YMCA/YWCA, YMCA of the USA and third parties collaborating with Dubuque Community YMCA/YWCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience Dubuque Community YMCA/YWCA as described herein.

Signature: _____ Printed Name: _____

Age: _____ Address: _____

I am the Mother/Father/Legal Guardian of _____ (child’s name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Date: _____