



Latin American Community Center's MENTOR INITIATIVE

Research confirms that mentoring works. From experience and research that has been compiled, we know that when done well, youth mentoring holds great promise in helping young people succeed in life. Studies of both well-established programs and newer ones that provide youth with formal one-on-one mentoring relationships have provided strong evidence of their success in reducing the incidence of delinquency, substance use and academic failure. These studies further indicate that formal youth mentoring programs can promote positive outcomes, such as improved self-esteem, social skills and career development.

(Access Research, 2008)

Purpose

To empower youth to increase self-esteem, improve academically, gain life skills and engage in positive activities by providing one-on-one social, academic and career-oriented support to each child.

Program Structure

The Latin American Community Center's GIANT Mentoring Initiative provides agency based mentoring activities to youth ages 5 through 18 who are currently enrolled in our After School or Enrichment Programs. Mentor activities may include tutoring, career exploration, life skills development, academically enriching fun and other onsite events.

Commitment

Each mentor will be matched with a student based on a careful compatibility assessment. The mentor and mentee will meet at least once a week for approximately one hour onsite and during program hours for at least one school year. The mentor will check in weekly and report regularly to the Mentor Coordinator with regard to progress, concerns and challenges.

Contact

Nicole M. Gonzalez, Mentoring Coordinator
Latin American Community Center
403 N. Van Buren Street, Wilmington, DE 19805
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**IF OUR CHILDREN SEEM BIGGER NOW,
IT'S BECAUSE THEY ARE STANDING ON THE
SHOULDERS OF OUR**

MENTORS

L.A.C.C MENTORS

Date: _____

**Latin American Community Center
Position Description: L.A.C.C Mentor**

Position Title: <i>L.A.C.C Mentor</i>	
Dept: <i>Youth Services</i>	Status: <i>Volunteer</i>
Classification: <i>Volunteer</i>	
Supervisor: <i>Mentor Coordinator</i>	

Summary of Position

To empower youth to increase self-esteem, improve academically, gain life skills and engage in positive activities by providing one-on-one social, academic and career-oriented support to each child.

Minimum Qualifications:

- A 1 hour a week commitment to helping a child in need to improve his/her quality of life
- Dependable, consistent and sincere in fulfilling a minimum of 1 year commitment to the program
- A willingness to adhere to all program policies and procedures
- A clean criminal history acceptable for working with children by State of Delaware standards

Desirable Qualities

- Has achieved a level of personal, professional and/or academic success
- Possesses an encouraging and supportive demeanor
- Exhibits integrity, patience and flexibility
- Displays characteristics of a positive peer or adult role model

Mentor Responsibilities:

- **Embrace Individuality.** The mentee may be of a different race, religion, culture or economic circumstance than the volunteer. A mentor is expected to respect each child for "who they are" and to strive to understand and appreciate the student's background.
- **Be a Role Model.** The mentor will be a role model for the student, demonstrating positive values such as a good ethics, positive attitude, determination, passion and success.
- **Be a Friend.** The mentor will listen to the student, understand the obstacles the youth perceives in school or life, and help him/her identify possible solutions.
- **Assist with Academic Assignments.** The mentor may check homework, assist with test preparation, make suggestions about special projects, and informally "tutor" the student.
- **Encourage the Student to Stay in School.** The mentor will help the student appreciate the importance of education, as it relates to academic success, personal development and overall quality of life.
- **Reinforce Positive Attitude.** In order to foster positive change in the life of a child you must first help the mentee to realize the power of "mind over matter". The mentor may help talk the child through challenging situations and help to change negative thoughts into new perspectives.
- **Set Goals.** The mentor may work with the student to develop long-range goals for his/her academic and personal life. The success of this relationship will depend on the mentor helping the student reduce these goals to short-term, manageable, weekly activities.

Be Supportive. As each mentee strives to improve academically, demonstrates growth personally and reaches their goals no matter how short term, it is imperative that the mentor offer support and encouragement every step of the way. Rewarding positive behavior and offering necessary support is critical to the success of the mentee.

Date: _____

VOLUNTEER APPLICATION FORM

Name: _____ Date: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____ (W) _____

E-mail address: _____

Date of birth ____/____/____ Gender: ____ Male ____ Female

ABOUT YOU

Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- Administrative/Clerical Event Planning/Organization **Mentoring/Teaching**
 IT/Web Marketing/Graphics Other: _____

Is there a person or group you particularly want to work with? (Check all that apply)

- Toddlers Children Teens Young Adults
 Adults Seniors Other: _____

Highest Degree Achieved:

- High School/GED Undergraduate Graduate Other

Current Status:

- Student Parent Retired
 Employed, occupation: _____

List skills/talents/abilities that would make you a good volunteer:

AVAILABILITY

How many hours do you want to volunteer per week? _____

Indicate your ideal volunteer schedule. (Check, Circle & Fill-in all the info that applies)

- Weekdays: Mon / Tue / Wed / Thru Times: _____
 Evenings: Mon / Tue / Wed / Thru Times: _____

Do you have a valid driver's license?

- Yes No

Do you have access to a car to do volunteer work?

- Yes No Occasionally

Have you volunteered/worked here before? No Yes, when? _____

How did you hear about us?

- Referred by employee/volunteer Website Other _____

Date: _____

Please tell us about yourself: _____

Have you ever mentored or worked with children before? Please tell us about your experiences:

If you are not a student, select one of the following, which best categorizes your current or immediate past employment? (Choose ONE Only)

- ____ Managerial/Professional (teacher, doctor, social worker)
- ____ Technical/Sales/Administrative
- ____ Social Service
- ____ Law Enforcement/Justice
- ____ Military
- ____ Religious
- ____ Other: _____

REFERENCES

Please list the names, addresses, and **DAYTIME TELEPHONE NUMBERS** of three (3) persons (non-family members) you have known for at least three (3) years either personally or professionally. PLEASE PRINT ALL INFORMATION.

Reference #1

Name	_____	Phone	() -	_____
No. of Years Known	_____	Relationship	_____	

Reference #2

Name	_____	Phone	() -	_____
No. of Years Known	_____	Relationship	_____	

Reference #3

Name	_____	Phone	() -	_____
No. of Years Known	_____	Relationship	_____	

Please return completed application packet to:

Nicole M. Gonzalez, Mentoring Coordinator
 Latin American Community Center
 403 N. Van Buren Street
 Wilmington, DE 19805
 Phone 302-655-7338 ext. 7711/ Fax 302-655-7334
 E-mail: NGonzalez@thelatincenter.org
 Website: www.thelatincenter.org

Date: _____

Name _____ Date: _____

DELAWARE DEPARTMENT OF EDUCATION
HEALTH QUESTIONNAIRE FOR VOLUNTEERS

All school employees are required to have a tuberculosis (TB) skin test. The purpose of this requirement is to safeguard school-aged children from exposure to TB in the school setting. In the same way, this questionnaire is designed to identify volunteers who MAY have been exposed to TB and thus need further screening. A school designee will collect and monitor the Health Questionnaire, which will be stored in the School Nurse's office in a confidential manner. Please consider the following questions:

1. Have you ever lived with or been in close contact with anyone who had TB disease?
2. Have you ever had a positive HIV test?
3. Have you ever used illegal intravenous drugs?
4. Have you ever been incarcerated?
5. Have you ever been homeless?
6. Do you currently have any of the following symptoms that are unexplained and that have lasted at least three weeks?
 - a. Cough
 - b. Fever
 - c. Night sweats
 - d. Weight loss
7. Consider the list of countries/continents below:
 - a. Africa
 - b. Asia, including China, Vietnam, Korea, Indonesia, India, Pakistan and Bangladesh
 - c. Eastern Europe, including Russia and the former Soviet Union, Armenia
 - d. Haiti
 - e. Latin America, including Mexico, Guatemala, and South America
 - f. Pacific Islands, including Philippines

Were you born in one of these countries?

Have you ever stayed/lived in one of these countries for one month or more?

Have you ever lived or been in close contact with someone who stayed/lived in one of these countries for one month or longer?

Can you answer yes to any of the above questions? () YES () NO

*If you checked **yes**, you are **required** to have a Mantoux test before you assignment as a volunteer.*

Have you ever has a positive skin test for tuberculosis? () YES () NO

*If you check **yes**, you are **required** to provide documentation related to current disease status before your assignment as a volunteer.*

These requirements are for the safety of our school (children) and for your personal health. Screening for tuberculosis is recommended by health professionals for any individual who is at risk. Routine screening, using Mantoux tuberculin skin test, can detect if a person has been exposed to tuberculosis. Such early identification is a great benefit in reducing the effects of the disease. If you have any questions about your risk of infection, please speak with your healthcare provider or plan to discuss it at your next examination. For additional information, you can contact the Delaware Division of Public Health TB Elimination Program at (302) 739-6620.

Approved by Division of Public Health, May 1999

Date: _____

LACC Mentoring Program Policies

Meeting Place: All mentoring sessions will take place at the LACC or pre-approved sites. The mentor may not take the mentee off LACC or school property or arrange to meet with your mentee outside of the time and place specified. Failure to comply will result in dismissal from the program. Any other meetings must be approved through direct communication with the child's parent or guardian. LACC is NOT responsible for any contact outside of the scheduled on-site sessions.

Attendance: Please remember to arrive on time for your mentoring session. If you are unable to come for the week, please let Mentoring Coordinator know a week in advance or in case of an emergency, as soon as possible, so the mentee and mentee's parents can be informed. Please reschedule. Remember a child is waiting for you. Please make every effort to be consistent and prompt. Unsatisfactory attendance will result in dismissal from the program.

Gift-Giving: Gift-Giving is allowed only on special holidays where giving gifts are a norm such as birthdays or Christmas. The gifts must not exceed \$20.00 and should be related to an activity that you are doing with your mentee (i.e. book or educational games).

Confidentiality: You are obligated to tell Mentoring Coordinator information that the mentee has told you that might threaten his/her safety or the safety of another person. Otherwise, any information that your mentee shares with you should stay confidential.

Resources: All resources used must be well-kept and returned in the condition received.

Referral: If the mentor notices that the child needs additional services (for example, clothes, books, additional support), please talk to the Mentoring Coordinator and she will refer the child to the right department within LACC or external to help him/her.

The Mentoring Coordinator is the main liaison between the mentor and the parents. If the mentor has any problems or concerns, he/she should discuss it with Nicole Gonzalez.

I have reviewed the LACC Mentoring Program Policies and agree to comply with the policies. I understand that failure to comply will lead to being dismissed from the program.

Name of Mentor (Please Print) Signature Date

Witness Signature Date

Date: _____



LATIN AMERICAN COMMUNITY CENTER

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VOLUNTEER CONSENT FORM

Photographs, Videos, Quoted Materials

From time to time, Latin American Community Center receives requests from the media to publicize its educational programs and activities. In addition, Latin American Community Center staff appreciates the opportunity to photograph, quote and videotape our volunteers for use in our newsletters, calendars, website and other promotional or training/education materials. We ask for your consent to participate if and when this should happen:

I hereby authorize Latin American Community Center to photograph, videotape or film me, or permit the media to photograph videotape or interview me. I also authorize permission for Latin American Community Center to use statements, endorsements and/or comments about the programs, services, conditions and personnel associated with my experience with Latin American Community Center.

I understand and agree that Latin American Community Center and its staff will bear no responsibility for the content of any news media coverage in which such filmed interview, film, videotape or photograph may be used.

Please Circle One:

- I Do** wish to give my consent to this request.
- I Do Not** wish to give my consent to this request.

Name: _____

Signature _____

Date: _____