

TWENTY- SECOND JUDICIAL DISTRICT CIRCUIT SALINE COUNTY JUVENILE DIVISION MENTOR APPLICATION

Having carefully considered the opportunity and responsibility involved, I hereby offer my services as a mentor. I agree to complete the initial training course, discharge my duties in a professional manner and abide by the rules of the Court and the laws of the State of Arkansas in my work with juveniles.

Name: _____ Date of Birth: _____

Social Security Number: _____ Driver's License Number: _____

Home Address: _____
Street City State Zip

Work Address: _____ Title _____ Employed Since _____

Home Phone: _____ Cell Phone _____ Work Phone: _____

E-Mail Address: _____ Alternate E-Mail: _____

University/College _____ Year Graduated or Expected Graduation _____

Other Education _____ Major _____ Minor _____

How long have you lived in Saline County? _____ Arkansas? _____

Have you lived anywhere besides Arkansas in the last ten years? _____ YES _____ NO

If yes, list county and state: _____ How long did you live there? _____

Hobbies, special skills, other volunteer work, and community involvement: _____

What is your interest in volunteering at Juvenile Court? _____

Have you ever had a juvenile delinquency, FINS, or truancy case? Yes No If so, where? _____

If so, please explain the details about the case: _____

Have you volunteered in other capacities before? YES NO If so, where? _____

What were your duties? _____

How Long? _____ What did you gain from that experience? _____

Do you have any special abilities or talents that you believe will benefit the Mentor Program and the juveniles with whom we work?

Do you speak any other language (s)? _____

Are you proficient in American Sign Language? _____

List three non-relative references (include address and phone number and/or e-mail):

I certify that the above information is correct and true. I understand that references will be contacted and a police check will be processed.

Signature

Date

I hereby execute the following waivers and allow the following access as a condition of my participation in the Mentor Program:

☐ My submission, upon request, for random drug screens in understanding that this is in no way a suggestion or suspicion of my use or abuse of substances. It is, instead, an endorsement of a drug-free Mentor Program.

☐ Print and television media are free to photograph, film, or use my image in their coverage of any Mentor-related event.

☐ Saline County Juvenile Court may photograph or film me for use in its publications, promotional materials or web-site.

☐ I hereby release the Saline County Circuit Court, Saline County, Saline County Juvenile Mentor Program, its employees and agents from any liability associated with my participation as a Mentor, except in circumstances of gross negligence.

I have read the above statements, any questions I have were answered, and I agree to the waivers as marked.

Signature

Date

Return to: Charles Snider, Program Coordinator
Saline County Juvenile Justice Center
102 South Main
Benton, AR 72015

I agree to the following terms:

1. I will be interviewed, and we will review my past history and current situation. I am willing to provide additional information not included on my application form.
2. I understand the criminal history check is one of the criteria for determining my eligibility, and I hereby authorize such confidential investigation.
3. I agree, upon acceptance to the Mentor Program, to give an oath of confidentiality.
4. I agree, upon acceptance to the Mentor Program, that I will meet with my matched juvenile for a minimum of four (4) hours a month for the probation period.
5. While with my matched juvenile, I pledge to conduct myself in every way as a good citizen. I will not engage in any activities that would reflect negatively on me as a role model or on the sponsoring program as a whole.
6. I agree to maintain contact with the Program Coordinator by phone, e-mail, or in person, and I will call the Program Coordinator when there is an emerging concern or to communicate any problems when they occur.
7. I understand that the program coordinator is not obligated to assign me a child if, in the program coordinator's professional judgment, it would not be in my best interest or the best interests of the children served by the program.
8. I understand that if problems occur with the juvenile that I cannot resolve, I may request to be taken off the case.
9. I understand that my length of service should continue through the probation period of the assigned juvenile unless it is the judgment of the Program Coordinator or the Court that my supervision of the case should end before that time.
10. I will report to the Program Coordinator immediately the possibility or existence of abandonment, physical abuse, sexual abuse or exploitation, neglect or parental unfitness of any juvenile assigned to me. The Program Coordinator will report to the Department of Human Services as required by A.S.A. Section 9-27-303 (23) and 12-12-504 (a) but I understand **I am still required to report this as well.**

Signature

Date

Program Coordinator

Date

Termination, Resignation, and Leave

1. Any Mentor, without exemption by the Program Coordinator, who (1) does not agree to supervise at least one juvenile; (2) fails to satisfactorily perform assignments; or (3) fails to attend three regularly scheduled meetings without excuse during any twelve-month period will be terminated from the Mentoring program.
2. Any Mentor engaging in sexual misconduct, emotional or physical abuse or punishment, sabotaging the goals of the Mentoring program, exhibiting a pattern of inability to work with parent(s) of the juvenile, or harboring a delinquent or truant may be terminated from any further involvement in the Mentoring program.
3. Any Mentor whose own child is placed on probation will be placed on inactive status until that child turns 18 or the probation period ends.
4. Any Mentor arrested shall be suspended from the program until acquitted. Any Mentor convicted of a crime shall be terminated after being reviewed by the Program Coordinator.
5. Any Mentor who allows a juvenile to reside in his/her home overnight will be terminated immediately from the Mentoring program. This is NEVER allowed, under ANY circumstances.
6. Any Mentor may take a leave of absence by submitting a written request to the Program Coordinator. Leave is good for a maximum of six months. Any leave over six months will be considered a resignation.

I have read each and every rule, and I am willing to adhere to all of these policies.

Signature

Date

Program Coordinator

Date

22nd judicial district of Arkansas
Saline County 1st Division - Juvenile
102 South Main
Benton, AR 72015

Judge Bobby McCallister

Charles Snider
Program Coordinator

CRIMINAL HISTORY

I hereby give my permission for 22nd District Circuit – Saline County Juvenile Court to obtain a routine criminal history on me. I understand this information is requested by the Court in the screening of the Mentor and will be kept confidential.

Name: _____ Race: _____ Sex: _____

Address: _____
Street City State Zip

Date of Birth: _____ Driver's License Number: _____

A COPY OF THE DRIVER'S LICENSE MUST BE INCLUDED WITH THE APPLICATION

If you have resided in another state within the last ten years, please provide the following information:

Previous Address: _____
Street City State Zip

Were You A Licensed Driver? _____ Yes _____ No

Signature

Date

Program Coordinator

Date

AGENCY LICENSE# _____

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION
PLACEMENT AND RESIDENTIAL LICENSING UNIT**

Authorization for release of confidential information:
ARKANSAS CHILD MALTREATMENT CENTRAL REGISTRY

THIS FORM WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS COMPLETED.

Mail completed form and \$10.00 check or money order made out to DHS to: Child Maltreatment Registry, Slot S 566, P.O. Box 1437, Little Rock, AR 72203. This fee may be waived for non-profits who provide proof of 501(c)(3) status. Allow 7 – 10 business days for processing.

This information should be addressed to:

Name/Title (print)

Agency Requesting the Report

Address (physical)

Telephone #

Fax #

Address (provide mailing, if different than physical)

Date of Request

Name of Applicant: _____

Maiden Name/Other Names Used: _____

Race: _____ **Sex:** _____ **Age/DOB:** _____ / _____ **SSN:** _____

Children (related or non-related) now residing or who have resided in the home at any time and all biological children, even if they have not resided in the home:

Full Name: _____

Full Name: _____

DOB/Age: _____ / _____

DOB/Age: _____ / _____

Relationship: _____

Relationship: _____

SS# (if known): _____

SS# (if known): _____

Full Name: _____

Full Name: _____

DOB/Age: _____ / _____

DOB/Age: _____ / _____

Relationship: _____

Relationship: _____

SS# (if known): _____

SS# (if known): _____

Present Address: (since _____, _____) _____

Previous Addresses (from the last six years):

1) _____
From _____ to _____

2) _____
From _____ to _____

3) _____
From _____ to _____

4) _____
From _____ to _____

Cities and States of Employment (outside of Arkansas) for last six years:

1) _____
From _____ to _____

2) _____
From _____ to _____

3) _____
From _____ to _____

4) _____
From _____ to _____

THE FOLLOWING IS TO BE COMPLETED ONLY WITH A NOTARY

"I hereby authorize the Arkansas Child Maltreatment Central Registry to release to the above requesting agency and to the ARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION, PLACEMENT AND RESIDENTIAL LICENSING UNIT, the results from the Arkansas Child Maltreatment Central Registry to include the existence of any true reports, the date the investigation was completed, and the type of true report.

County of _____ State of Arkansas
Acknowledged before me, this _____ day of _____, _____

SIGNATURE OF PERSON TO BE CHECKED _____ DATE _____

Notary Public _____

My commission expires: _____

THE FOLLOWING IS TO BE COMPLETED BY CENTRAL REGISTRY

☐ The Arkansas Child Maltreatment Central Registry contains no record under the referenced name in a true report of child maltreatment.

Examiner's Initials and Date _____

Please note that whenever there is a determination of child maltreatment, the person identified as the offender has the right to a hearing to contest that determination. The person's name may not be placed in the Central Registry until after the hearing decision. Therefore, the absence of a true report in the Child Maltreatment Central Registry does not imply that the person is or is not the subject of a completed child maltreatment investigation. Please check the Central Registry periodically as names can be added to the Central Registry based on new maltreatment reports and upon final administrative determination.

☐ Information Found

Examiner's Signature and Date _____

**SEND A COPY OF THE RESULTS CONTAINING TRUE REPORTS TO:
PLACEMENT AND RESIDENTIAL LICENSING UNIT 2017 E. Race Ave. Searcy, AR 72143**

Phone 501-268-2714