



## Volunteer Information Packet

The **Volunteer Information Packet** includes the following:

- Volunteer Position Descriptions for Mentors, Substitute Mentors & Prayer Partners
- Volunteer Application
- 2 Personal Reference Forms

Please complete this packet and return to the KIDS HOPE USA  
Director, \_\_\_\_\_



# KIDS HOPE USA position description

## MENTOR

### WHAT DO YOU WANT ME TO DO?

The KIDS HOPE USA mentor will provide one-to-one mentoring and affirmation for one elementary-aged child at our partnering school. The mentor will often use materials provided by the teacher to help the child achieve a specific objective. Training will also be provided to help mentors develop a successful mentoring relationship with a child. After each mentoring session, the mentor is required to complete a Daily Progress Report summarizing the mentoring session. Each KIDS HOPE USA mentor will be under the supervision of and report to the KIDS HOPE USA director at the church, who will always be available to advise and assist all mentors.

### QUALIFICATIONS:

A KIDS HOPE USA mentor must:

- Love children and be sensitive to their needs
- Be ready to listen to a child
- Have his/her own transportation
- Be able to read
- Maintain a confidential relationship
- Be a member/regular attendee of the church
- Know your child's name
- Be there only for your child
- Be faithful – one hour, one year
- Believe in your child
- Be at least 16 years of age

### HOURS:

A minimum of one hour each week with one child at the school.

## SUBSTITUTE MENTOR

### WHAT DO YOU WANT ME TO DO?

The KIDS HOPE USA substitute mentor meets with a child for one-to-one mentoring when his/her mentor is unavailable. A substitute mentor provides a critical link in maintaining a relationship that is being formed with the child. Your primary role will be to affirm the child. Your presence when the regular mentor is absent clearly says to the child, "Yes, we are committed to you." Substitutes are used on an as-needed basis.

### QUALIFICATIONS

Qualifications are the same as a regular mentor, but instead of meeting weekly, you will meet with a child when his/her regular mentor is unavailable. Sometimes a volunteer knows in advance the dates they may be unavailable and a substitute can plan ahead. It is best to give the director a list of times and days that you could be called.

<b>PRAYER PARTNER</b>
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**WHAT DO YOU WANT ME TO DO?**

1. Make a commitment to faithfully pray for a KIDS HOPE USA mentor and the KIDS HOPE USA child he/she is assigned.
2. Communicate with the KIDS HOPE USA mentor on a regular basis to get a progress report on:
  - a. Mentor/child relationship
  - b. Child's strength and weaknesses
  - c. Any other prayer needs including joys and concerns

**HOW OFTEN DO YOU NEED ME?**

Prayer is the foundation for all we do through KIDS HOPE USA. Your willingness to keep the mentor and child supported through your prayers is critical for the success of the relationship. We ask that you pray on the day that your child and mentor meet as well as other times throughout the week.

**HOW LONG WILL THIS POSITION LAST?**

Your initial commitment is one year. Our hope is that you would be willing to follow this child through elementary school. You may well be the only person praying for this child.

**WHAT ARE THE QUALIFICATIONS FOR THIS JOB?**

Love for the children and conviction that prayer changes things.



# KIDS HOPE USA volunteer application

Today's Date \_\_\_\_\_

Title \_\_\_\_\_ Name \_\_\_\_\_  
Miss, Mrs., Mr., Reverend, Pastor, Dr., etc. First Middle Last

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Current Employer \_\_\_\_\_

If you have lived at your current address less than seven years, provide information on all addresses during that period- your **CURRENT** address should be listed first.

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List all other names by which you have ever been known \_\_\_\_\_

Date of Birth \_\_\_\_\_ DL# \_\_\_\_\_

Length of membership/attendance at church \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name Relationship Phone

Are you 18 years of age or older?  Yes  No

Have you ever been convicted of, pled guilty to, or pled no contest to a crime other than a minor traffic violation?  Yes  No If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**References** (Required for mentors and substitute mentors. Optional for prayer partners, unless they will be having regular contact with children.)

List at least two references from places of employment or prior volunteer service, especially concerning previous work with youth. References must meet the following criteria: must be over age 18; must not be a relative; must have known you for at least one year.

1. Name \_\_\_\_\_ Length of time you've known this person? \_\_\_\_\_

How do you know this person? \_\_\_\_\_

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

Work ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_



2. Name \_\_\_\_\_ Length of time you've known this person? \_\_\_\_\_  
 How do you know this person? \_\_\_\_\_  
 Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Work ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

**Please indicate for what role you would like to volunteer:**

- Regular Mentor (If so, please identify who you will ask to be your prayer partner): \_\_\_\_\_
- Substitute Mentor
- Prayer Partner
- Occasional Special Projects

**Please indicate the days and times you are available to give one hour:**

Monday		Tuesday		Wednesday		Thursday		Friday	
	AM		AM		AM		AM		AM
	PM		PM		PM		PM		PM

**Please list previous volunteer activities:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Volunteer Pledge**

If I am assigned as a school volunteer, I accept the responsibility to serve in support of the educational program and supplement the work of the professional staff under their guidance. I understand that it is important to be reliable, channel suggestions constructively, keep information confidential, and comply with school rules. As a member or regular attendee of this church, I agree to be accountable to the leadership of this church regarding my Christian life and witness, according to the biblical witness of this church, and in all aspects of conduct and performance related to this volunteer position.

I hereby represent and warrant that the information contained in this application is correct and complete to the best of my knowledge. I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for volunteer service. I understand that a very positive benefit, when working with children, is the relationship developed between the volunteer and child. I take seriously the relationship that will be formed. I agree to a criminal history check (national and/or state level). My signature on this form authorizes you to make such checks and to disclose results to both church and school personnel as part of the Kids Hope USA program.

\_\_\_\_\_  
 Date Signature of Applicant





# KIDS HOPE USA personal reference form

To be completed and returned by mail OR through telephone interview.  
**CONFIDENTIAL!**

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## PART ONE: TO BE COMPLETED BY APPLICANT

Name of Applicant \_\_\_\_\_ Name of Reference \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

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## PART TWO: TO BE COMPLETED BY KIDS HOPE USA DIRECTOR

Name \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

**Reminder:** Attach to this form a description of the mentor job description.

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## PART THREE: TO BE COMPLETED BY REFERENCE

Instructions: The applicant listed above has applied to be a KIDS HOPE USA mentor for our church. In order to determine the applicant's suitability for this position, we are asking that you take a few moments to complete and return this reference form to the KIDS HOPE USA DIRECTOR listed above. Please use an envelope marked "Personal and Confidential." Your cooperation is greatly appreciated.

1. In what capacity do you know the applicant? \_\_\_\_\_

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2. How long have you known the applicant? \_\_\_\_\_

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3. On a scale of 1 to 5 (with 1 being a LOW rating and 5 being a HIGH rating), please rate the applicant on each of the following characteristics. If you have insufficient knowledge to comment on a particular characteristic, please note that.

CHARACTERISTICS	RATING					COMMENTS
Ability to work well with others	1	2	3	4	5	
Personal motivation and initiative	1	2	3	4	5	
Dependability	1	2	3	4	5	
Trustworthiness	1	2	3	4	5	
Attitude	1	2	3	4	5	
Personal follow-through	1	2	3	4	5	

4. Based on your knowledge of the applicant's character and background, which of the following best reflects your evaluation of the applicant's suitability as a KIDS HOPE USA mentor:

- Highly recommend
- Recommend
- Neutral
- Do not recommend
- Insufficient knowledge to form an opinion

Please provide any additional comments concerning the suitability of this applicant for a position in our ministry below or on a separate sheet.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name and title \_\_\_\_\_

**Once completed, please return this form to the KIDS HOPE USA DIRECTOR** noted in Part Two on the front of this form. Please use an envelope marked Personal and Confidential. Thank you for your assistance.

**FOR OFFICE USE ONLY – Interviewer Comments:**



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Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

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Name \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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