

Volunteer Application



The Office of Youth Alternatives/
Special Friends
1328 Talbot Ct.
h: 307-637-6480
Fax: 307-637-6237



Expectation of volunteers

Our volunteers are matched with a young person on a one-to-one basis. Volunteers are asked to spend a minimum of three hours per week with the youth in a caring and sharing relationship.

Additional responsibilities include submitting a written report of contacts with the youth each month and contacting a member of the Youth Alternatives/Special Friends staff monthly.

Persons wanting to become one-to-one volunteers are screened carefully, with the hope that by the time a person is accepted as a volunteer and matched with a youth, both the volunteer and the staff will be comfortable and secure in that match.

The screening process consists of five phases:

1. Completion of Mentor/Volunteer Application
2. Completion of interview with staff
3. Completion of background check/fingerprinting
4. References from at least 3 people named by the applicant
5. Attend Mentor/Volunteer Training

All screening and trainings are required and must be completed before a match will be made. If a potential volunteer does not follow through with the screening process, trainings, or the match, they will be terminated as a volunteer with or without notice.

Philosophy of our volunteer program

We believe people should be accountable relative to the responsibility they accept, not to the financial payment they receive.

We believe that the value of a person's gifts, experiences, skills and input does not change whether he/she is fulfilling a volunteer or paid staff role.

Volunteer Opportunities

There are a variety of roles for volunteers at Youth Alternatives/Special Friends. Please read the following explanations of our three one-to-one mentor opportunities.

Special Friends Mentor

One-to-one match of friendship with children who are primarily in single parent families. Volunteers spend three to four hours a week with a child age six to 14. The children in the Special Friends program need a positive role model in their lives. Special Friends staff provides support and guidance to the volunteer throughout the nine to twelve-month period of the match.

Youth Alternatives Mentor

Individuals, couples or families spend three to four hours a week in a friendship role with children ages six to 16. The children are also in short-term family counseling with a Youth Alternatives counselor. The counselor provides support and guidance to the volunteer and the match continues for nine - twelve months in conjunction with counseling.

Court Mentor

Volunteers are matched one-to-one with a youth age 12 to 18 who is on Municipal or County Court probation. Volunteers spend three to four hours a week for 3 to 6 months supporting the youth through his/her probationary obligation. The court volunteers work in conjunction with and receive support from the Youth Alternatives court staff. Volunteers can attend court with the staff and youth. This is an excellent opportunity to learn about juvenile court services and diversion.

Mentor Plus

An adult mentor is matched with an adolescent. When the relationship becomes established, the two of them together become mentors to a Special Friends youth. A Mentor Plus match generally lasts for three months.

All volunteers complete a screening process which includes:

- Application
- Interview
- References
- Background Check
- Training

*"Being a mentor
may change a life ...
probably yours. "*

Volunteer Preferences

What do you hope to gain from your volunteer experience?

Match Preference

Male Female No Preference

What age group would you like to work with? 6-12 yrs. 13-16 yrs. 16-18 yrs. Any Age

Comforts Levels

Are you comfortable working with culturally different youth? Yes No

Are you comfortable working with physically or mentally challenged youth? Yes No

Please list any areas you might be uncomfortable working with a child:

Interests and Hobbies

How do you like to spend your free time?

List special talents, interests or hobbies you may wish to share.

1. Do you like to read or write?	Yes	No
2. Do you like music?	Yes	No
3. Do you play an instrument?	Yes	No
3. Do you enjoy art or crafts?	Yes	No
4. Do you enjoy outdoor activities such as camping, hiking or fishing?	Yes	No
5. Do you enjoy playing/watching sports like football, basketball, skiing or tennis?	Yes	No
6. Do you enjoy swimming or water sports?	Yes	No
7. Do you enjoy skating, bicycling, dancing or running?	Yes	No
8. Do you enjoy activities such as bowling, laser tag or miniature golf?	Yes	No
9. Do you enjoy domestic activities such as cooking, gardening or home improvement projects?	Yes	No
10. Are you involved with a church or youth group that provide group activities?	Yes	No

List special skills you have developed through work or other volunteer opportunities that you might like to share.

Would you be willing to volunteer in areas other than as a child's mentor? If Yes:

1. Would you be interested in tutoring?	Yes	No
Which subjects?		
2. Do you speak a foreign language?	Yes	No
Which one(s)?		
Would you be willing to translate if needed?	Yes	No
3. Would you be willing to help with fund raisers or recruiting events?	Yes	No
4. Would you like to chaperone group activities?	Yes	No
5. Are you willing to speak publicly about our program if asked?	Yes	No
6. Are you willing to do office type tasks if needed?	Yes	No
7. Do you have any experience with grant writing or fund raising?	Yes	No

Business Name: _____
Address: _____ City/State/Zip: _____
Cell Phone: _____ Alternate Phone: _____
Name of Supervisor: _____
Dates of Employment: From: _____ To: _____

2. References (5) that are not family or employers

Name: _____ Cell Phone: _____
Email: _____ Alternate Phone _____

Name: _____ Cell Phone: _____
Email: _____ Alternate Phone _____

Name: _____ Cell Phone: _____
Email: _____ Alternate Phone _____

Name: _____ Cell Phone: _____
Email: _____ Alternate Phone _____

Name: _____ Cell Phone: _____
Email: _____ Alternate Phone _____

3. Home addresses for the past 5 years – CURRENT ADDRESS FIRST

a. Address: _____ City/State/Zip: _____
County: _____ From _____ To: _____

b. Address: _____ City/State/Zip: _____
County: _____ From _____ To: _____

c. Address: _____ City/State/Zip: _____
County: _____ From _____ To: _____

d. Address: _____ City/State/Zip: _____
County: _____ From _____ To: _____

e. Address: _____ City/State/Zip: _____
County: _____ From _____ To: _____

I am aware that this information is part of the Office of Youth Alternatives/Special Friends' screening process for prospective mentors/volunteers and that any information obtained from a background check will be kept confidential by the Office of Youth Alternatives/Special friends.

Signature: _____

Date: _____

Witness: _____

(Please sign here if you witnessed applicant signing this form.)

Please return with your application a: (1) Copy of a current Driver's License; (2) Copy of your Car Insurance.

Do not initiate fingerprinting until a Special Friends staff member instructs you to do so.

**The Office of Youth Alternatives
Special Friends**

LETTER OF UNDERSTANDING

I am applying for a mentor/volunteer position with the City of Cheyenne, Office of Youth Alternatives/Special Friends Program. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must submit to a background investigation consisting of, at a minimum, the following areas of concern:

- Criminal Background Investigation
- Investigation of prior employers and personal references
- Motor Vehicle Records Check

The Police Department and Human Resources will make a preliminary decision regarding my potential suitability as a mentor/volunteer. I understand that the results of the investigation are the property of the City of Cheyenne and that I may not receive copies of the reports without filing a formal request for records with the Cheyenne Police Department and/or Wyoming Department of Criminal Investigation. I understand that successful completion of the process does not guarantee that I will be accepted as a mentor/volunteer with the City of Cheyenne, Office of Youth Alternatives/Special Friends Program.

I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition to serve as a mentor/volunteer with the City of Cheyenne, Office of Youth Alternatives/Special Friends Program.

Printed name of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

CITY OF CHEYENNE
AFFIDAVIT, CONSENT AND RELEASE
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration to serve as a mentor/ volunteer and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in the application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a decision regarding my acceptance to serve as a mentor/volunteer. I release such persons and organizations from any legal liability in making such statements. I understand that I may be required to successfully pass a drug screening examination and a criminal background investigation. **I hereby consent to a pre-mentor/volunteer drug screen and a criminal background investigation, if required, as a condition of my position as a mentor/volunteer.**

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYEMENT FOR ANY DEFINATE PERIOD OF TIME. ONLY THE MAYOR/DESIGNEE OF THE CITY OF CHEYENNE HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE MAYOR/DESIGNEE AND THE EMPLOYEE.

I certify that the foregoing answers are correct to the best of my knowledge and belief.
I have read, understand, and by my signature consent to these statements.

Signature of Applicant: _____ Date: _____

APPLICATION FOR CHILD & ADULT ABUSE/NEGLECT CENTRAL REGISTRY SCREEN

Background checks on volunteers, prospective employees, or an employee who has or may have unsupervised access to minors or vulnerable adults may be screened. Note: According to W.S. 14-3-214, "the applicant shall use the information received only for screening prospective employees and volunteers."

Instructions:

- 1) Complete page one and page two of this form **in ink** ensuring the Authorization of Release of Information is signed and dated by the person being screened.
- 2) Verify SSN and DOB with a driver's license or other means of identification and obtain a copy **for your records**.
- 3) Authorization is only valid for sixty (60) days from the date signed.
- 4) **A ten dollar (\$10) fee is required for each individual screened. An invoice will be sent to you after screens for the current month are complete.**
- 5) **Submit a self-addressed envelope with the request.** Postage is not required but is appreciated.
- 6) For accuracy purposes, please attach a typed list of the names, dates of birth and social security numbers, for all individuals being screened.
- 7) **Incomplete forms and requests not accompanied by a self-addressed envelope will be returned unprocessed.**
- 8) **Only applications with original signatures will be accepted. Electronic signatures, scanned or faxed copies are not accepted.**
- 9) The SS-26 Form will be returned to the agency requesting the screen within ten (10) business days of receipt.
- ¥10) By including an email, you acknowledge The Department of Family Services may send you results electronically, and agree to abide by all confidentiality laws regarding Central Registry data. The original will follow by mail.
- 11) Areas marked by an asterisks, *, are required fields.

Mail application to:

Department of Family Services
Central Registry
2300 Capitol Ave, 3rd Floor
Cheyenne, WY 82002

Note: Central Registry screens are specific to the State of Wyoming. For adult protection screens, you may also consider checking the Board of Nursing and Office of Health Licensing and Survey registries

To be Completed by Organization/Facility (Print clearly)

Name of person being screened _____

*Organization/agency requesting check _____ Cheyenne Police Department

*Contact person for requesting organization _____ Lewis Simpson

*Mailing Address _____ 415 W 18th Street

*City _____ Cheyenne *State _____ WY *Zip _____ 82001

Phone (307) _____ 637-6539

¥Organization Email (optional) _____ lsimpson@cheyennepd.org

For Central Registry Office Use only

Date Completed _____ Reference Number _____ **- 0231**

Person being screened listed on the DFS Abuse/Neglect Central Registry? YES NO

Central Registry Specialist initials _____ DB _____

**AUTHORIZATION OF RELEASE
OF CHILD & ADULT ABUSE/NEGLECT CENTRAL REGISTRY INFORMATION**

To Be Completed by Person Being Screened (Please type or print legibly in ink.)

I hereby authorize the Wyoming Department of Family Services to conduct a Wyoming Central Registry Record Search to check for abuse, neglect and exploitation of children or vulnerable adults. I agree to provide the following information and any other information needed to initiate the background check. I understand that any falsification of information or substantiated abuse or neglect activities may be the grounds for termination of employment.

***Full** Legal Name _____

*Maiden Name _____

*Former Married Names _____

*Aliases _____

*Social Security Number _____ *Date of Birth _____

Ethnicity

Caucasian
 Hispanic
 Black

Native American
 Asian
 Other _____

Gender: Male Female

*Current Address _____

*City _____ *State _____ *Zip _____ *Phone _____

*List All Addresses for the past ten (10) years

“Voluntarily” List Names of Your Children (This information assures accuracy of the screen)

In the course of my duties, I will have unsupervised access to

Children _____ Adults _____ Both Children and Adults _____

I hereby authorize the results of this check be provided to the Organization/Agency identified on Page 1 of this form. If this application is being made as a requirement of a child placing agency, therapeutic foster care, and/or an adoption agency, I hereby authorize the requesting agency to provide the results of this check to the Department of Family Services. If you do not agree to electronic submission of results to the email address listed on page 1 please opt out by initialing here. _____

*Signature of Person Being Screened

*Date Valid for 60 Days

*Pursuant to W.S. 14-3-214(f) and W.S. 35-20-116(a), any applicant receiving a report that a prospective employee/volunteer is “under investigation”, shall be notified of the final determination of that investigation. A second screen result will be sent to the Organization/Agency on Page 1 when a final determination is made in these cases.