

GED Plus Promise Mentor Description

The GED Plus Program promotes empowerment of out-of-school youth through academic, legal, social, and career services, support and guidance. The mission of the PROMISE Mentoring Program is to connect youth enrolled in GED Plus programming with positive adult role models and developmental choices to encourage the attainment of personal, professional, and academic success. GED Plus PROMISE mentors work individually or as part of a team of community members committed to supporting, guiding, and being a friend to a group of young people for a period of at least one academic school year. By becoming part of the social network of adults and community members who care about the youth, the mentor can help youth develop and reach positive goals.

Mentor Responsibilities

- Take the lead in supporting a young person through an ongoing, group relationship
- Serve as a positive role model and friend
- Effectively Manage mentoring group dynamics
- Participate in group activities focused on building life-skills
- Strive for mutual respect
- Build self-esteem and motivation
- Help set goals and work toward accomplishing them

Time Commitment

- Make a one academic school-year commitment
- Spend a minimum of six hours per month in group with mentees
- Attendance at bimonthly mentor group activity meetings
- Communicate with the mentees twice per month
- Attend an initial three-hour training session and additional two-hour training sessions twice during each year of participation in the program
- Attend optional mentor support groups and program recognition events

Participation Requirements

- Be at least 24 years old
- Reside in Boston metro area
- Be interested in working with young people
- Be willing to adhere to all program policies and procedures
- Be willing to complete the application and screening process
- Be dependable and consistent in meeting the time commitments
- Attend mentor training sessions as prescribed
- Be willing to communicate regularly with program staff, submit activity information, and take constructive feedback regarding mentoring activities

Desirable Qualities

- Willing listener
- Encouraging and supportive
- Patient and flexible
- Tolerant and respectful of individual differences

Benefits

- Personal fulfillment through contribution to community and individual
- Satisfaction in helping someone mature, progress, and achieve goals
- Training sessions offered on a regular basis
- Participation in a mentor support group
- Personal ongoing support, supervision to help the match succeed
- Mentee/mentor group activities and participant recognition events

Application and Screening Process

- Written application
- Criminal history check, sexual offender registry check
- Personal interview
- Provide two personal references
- Attend one hour mentor orientation
- Attend initial three-hour mentor training

For more information, contact the PROMISE Mentoring Program at 617-541-2643 or jsmith@esacboston.org.

Educational Information

High School	Name & Location:
	Graduation Date: (month/year) GED: (date)
University/College	Name & Location:
	Major: Dates attended: Degree:
Graduate School	Name & Location:
	Field: Dates attended: Degree:
Trade School	Name & Location:
	Field: Dates attended: Diploma/Degree:
Military Service	Branch, rank, dates of service:

Volunteer Experience

Please list any previous volunteer experience

Organization	Date started/completed	Activity

Preferences and Interests

Your responses to the following questions will help us determine whether you are a good fit for PROMISE Mentoring Program and match you with a mentoring group.

1. What experiences have you had with mentoring and/or volunteering, particularly volunteering with youth?
2. Why are you interested in becoming a mentor?
3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.

4. What do you think will be most challenging about being a mentor?

5. What do you hope to gain from becoming a mentor?

6. What is one goal you have set for the future?

7. If you could learn something new, what would it be?

8. What person do you most admire and why?

9. How do you feel about working with a youth with emotional/behavioral problems? With learning problems/trouble in school? With physical disabilities?

Please check all that apply and give examples of your favorites.

- Play/watch sports**
Which ones? _____
- Watch TV/movies**
Which ones? _____
- Listen to music**
What kinds? _____
- Draw, paint, artistic expression**
What kind of art? _____
- Read**
What kind of books? _____
- Shop**
For what? _____
- Other interests/hobbies?** _____

Please read this carefully before signing:

The PROMISE Mentoring Program appreciates your interest in becoming a mentor.

Please initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that the PROMISE Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow the PROMISE Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

_____ I understand that I must return all of the following *completed* forms along with this application, and that any incomplete information will result in the delay of my application being processed:

- Criminal Offender Registry Information (CORI) Form
- Sexual Offender Registry Information (SORI) Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature

Date

*Please return or mail this application and the items listed above to Janeen Smith, Mentor Coordinator,
GED Plus, 7 Palmer St #2, Roxbury, MA 02119*

**COMMONWEALTH OF MASSACHUSETTS
SEX OFFENDER REGISTRY BOARD
REQUEST FOR SEX OFFENDER REGISTRY INFORMATION**

The Sex Offender Registry Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

(ESAC Staff Only) **Requestor's name:** _____ **Date of birth:** _____

Address: 3313 Washington Street, Suite 5 Boston, MA 02130 **Telephone number:** 617-524-25555

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's signature: _____ **Date:** _____

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Subject's name (PLEASE PRINT): _____ Date of birth or approximate age: _____

Address: _____

Personal identifying characteristics:

Sex: _____ Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Other information (e.g. license plate number, parents' names, etc.): _____

*******WARNING*******

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).

Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Any information PROMISE Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Full Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

Relationship: _____ How long known: _____

Full Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

Relationship: _____ How long known: _____