



Families Plus Tag-Along Mentor Application

FILL IN MENTORING INFORMATION:

Date _____

Name: _____ Birth Date: _____

PHONE: Cell: _____ Home: _____ Work: _____

Street Address: _____ Town: _____ Zip Code: _____

Mailing Address: _____ Town: _____ Zip Code: _____

E-mail: _____

Employer: _____

Please list any coworkers/peers working with you:

NAME	AGE	DATE OF BIRTH	ROLE

**Please use back of page if additional space is needed*

For office use only

C _____	T _____
MD __/__/__	

EDUCATION:

Highest level of education: _____

Communication will be essential to keep everyone inter-connected. How would you rate your willingness to return all phone calls within 24 hours?

Not Good 1 2 3 4 5 Excellent

TAG-ALONG MENTORING PERSONAL QUESTIONNAIRE

Name: _____

Why would you like to mentor a child?

What concerns do you have about being a mentor for someone else's child?

Do you have any ideas about the type of child that would fit best?

What skills would you enjoy sharing with a child?

What activities would you like to do with a child?

How often would you like to spend time with a child?

Is there anything else you would like to discuss or ideas you had for mentoring/building a relationship?

LEGAL HISTORY:

Please check all that apply

Misdemeanor

Felony

DUI/DWUI

Domestic Violence

Please explain

I hereby certify that the above information given are true and correct as to the best of my knowledge.

Full Name

Signature

Date

Witness

Date



Personal Reference Sheet

Please list 3 References

REFERENCE #2

REFERENCE NAME: _____

PHONE #: _____

EMAIL/ADDRESS: _____

HOW DO YOU KNOW THEM: _____

HOW LONG HAVE YOU KNOWN THEM: _____

REFERENCE #2

REFERENCE NAME: _____

PHONE #: _____

EMAIL/ADDRESS: _____

HOW DO YOU KNOW THEM: _____

HOW LONG HAVE YOU KNOWN THEM: _____

REFERENCE #3

REFERENCE NAME: _____

PHONE #: _____

EMAIL/ADDRESS: _____

HOW DO YOU KNOW THEM: _____

HOW LONG HAVE YOU KNOWN THEM: _____

Confidentiality Agreement

(Volunteers and Staff)

Privacy is important. All volunteers and staff of All American FAMILIES PLUS agree to never share any negative or personal information about children served and their family with anyone. This is federally protected health information. If others are talking about this child and family or if others ask you about this child or family, you can say you have a friendship with the family or have met the family or other superficial positive comments with no other information. You may not tell others anything negative that you learn about these families while working for FAMILIES PLUS even if you do not use names. All the names, stories, and personal information, negative events, and information in the mental health record concerning the families served must remain completely confidential. All American FAMILIES PLUS wants to show great respect for the children and their parents by never repeating negative information about them except to the staff, therapists, and other volunteers working with the family who are all well trained. This agreement to maintain strict privacy about the affairs of the families and children participating in the program remains in effect even if you no longer are associated with the FAMILIES PLUS program.

I, _____, understand this privacy requirement and will abide by this policy.

Full Name

(Print Name)

Signature

Date

WITNESS _____

(Print Name)

Signature

Date



Background Investigations Unit
1575 Sherman Street, Ground Floor
Denver, CO 80203-1714

**Please note:
Fee decreased to
\$15.00 effective
February 15, 2015.**

**INDIVIDUAL REQUEST FOR BACKGROUND INVESTIGATION
IN THE CONFIDENTIAL CHILD ABUSE/NEGLECT DATABASE**

*Send this request with a check or money order for \$15 payable to CDHS, BIU, and Records & Reports. Mail completed requests to 1575 Sherman St., Gr. Fl., Denver, CO 80203. **Incomplete or unsigned requests cannot be processed and will be returned. Do not send finger print cards. Cash payments will not be accepted.***

Please circle the reason for your request: Employment, Volunteer, Adoption, Foster Care, Other (Please explain) _____

(Please print legibly)

Full name of person to be checked: _____
Maiden name and other names used: _____
Birth date: _____ Sex: _____ Race: _____ Social Security #: _____
Current address: _____
Previous address: _____
Phone number: _____

Please circle one of the following: Spouse, Former Spouse, Parent(s) of your children and provide their information below. Add additional names on back of this form.

Full name: _____
Maiden name and other names used: _____
Birth Date: _____ Sex: _____ Race: _____ Social Security #: _____

Please provide your children's full name, birthdate and sex. Additional children may be noted on back of this form.

Signature of Person being checked: _____ **Date:** _____
If you are under 18 years of age, your parent or legal guardian must sign this request.

Spouse's signature: _____ **Date:** _____
For adoption and foster care, both marriage partners must provide signatures for processing this request.

Note: Under penalties of perjury, the information provided is correct and accurate. False or misleading statements may result in criminal prosecution.

If you want this information released to another party, please complete information below.
I hereby authorize CDHS to release the results of this background check to:

Person or Company: _____ **Attention:** _____
Address & Phone: _____
Signature of person being checked: _____ **Date:** _____



Authorization Statement for Criminal History Record Check All American FAMILIES PLUS

I, _____ (print your name), hereby authorize All American FAMILIES PLUS to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, allegations regarding, and convectors for, crimes committed upon minors. I understand that this information will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtain from law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency. I further understand that until All American FAMILIES PLUS received notification from that agency clearing me, my application will be deferred.

As an applicant for a staff/volunteer position, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contender or guilty of any offense. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency or entered a plea of nolo contender or guilty to a petition of delinquency under the juvenile laws of this state or nay other state.

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied the position for which I am making application or, if already accepted, terminated from my position.

SIGNATURE OF APPLICANT

DATE

FULL NAME OF APPLICANT

ADDRESS

CITY

STATE

ZIP

Male Female

DATE OF BIRTH

SOCIAL SECURITY NUMBER

SEX (CIRCLE ONE)

EMAIL

To be Completed by organization:

Identification verified with government issued picture identification. (Please bring your driver's license or photo ID with you when you drop off your forms).

DATE

TYPE OF IDENTIFICATION

STAFF VERIFIER'S INITIALS