



Heart River Bridges of Hope & Community of Hope

Mentor Application

Mission Statement: "Heart River Bridges of Hope is an outreach and re-entry ministry on behalf of the ELCA and the whole Church. As an expression of God's grace and love, this ministry will provide youth opportunities for community worship, mentorship, wellness, and mutually enriching relationships. Trusting and believing that God heals and creates new life, our intent is to accompany and empower youth toward a future with hope."

About this program: Heart River Bridges of Hope and Community of Hope are ministries of Heart River Lutheran Church that want to help youth released from the Youth Correctional Center continue in their faith journey and introduce them to new and caring people who would like to be in relationship with them. You, as their mentor, will serve as mentors and people these youth can talk to. You can also be a part of their faith formation and help the youth get connected with a faith community in the community where they are going.

You and 1-3 other mentors will be paired with a youth who has been accepted into the program. You can meet with the youth regularly, go to worship with them, do fun things outside or other recreational activities. If you are mentoring in the Bismarck-Mandan area and want to be in this program, you have the opportunity to worship with Community of Hope at the Bismarck YMCA.

We are so thankful for your commitment to these youth and their future, a future that is filled with opportunities for faith to grow, a future filled with hope.

Applicant Information

Full Name: _____ Date: _____
Last First Middle.

Maiden/Fomer/
Other Name(s): _____
Last First Middle.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Age.: _____ Gender: _____

Date Available: _____ Social Security No.: _____

How would you like to be contacted? Phone Text Message Email

Do you have children? *If yes, how many and ages?* _____

Racial or Ethnic Group

- American Indian/Alaskan Asian/Pacific Islander Black/African American
 Hispanic/Latino White/Caucasian Other

Do you have a current, valid Driver's License?
(Please attach a copy of your Driver's License to this application).

YES

NO

Do you have liability insurance coverage as require by North Dakota state law?
(Please attach a copy of your automobile insurance card to this application).

YES

NO

Do you have a history of substance abuse (i.e., alcohol, illicit drugs, etc.)?
If yes, please explain:

YES

NO

Have you ever been convicted of a crime (felony or misdemeanor) or do you
have criminal charges pending against you at this time?

YES

NO

If yes, please explain:

Is there anything in your personal background that would prevent you from being in this program?

YES

NO

If yes, please explain:

In case of emergency, who should be notified? (Provide name, address, phone, relationship):

Education

High School: _____ Location: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Subject studied: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Subject studied: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list at least two personal or professional references (not relatives), preferably individuals who have known you a significant amount of time.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

Faith History

Are you a member of a faith community? If yes, which one and where?:

YES

NO

If not, how can we help you be integrated in the worship life of a congregation in order that you might be able to help a young person feel comfortable in a worshipping community?

How does faith move you to become a mentor?:

Have you heard of Community of Hope in Bismarck-Mandan?

YES

NO

About You

Tell us about you: What do you like to do for fun? What movies, songs, books do you like?

What is your availability for mentoring a youth (hours and/or days of the week)?

Who is a person you most admire, and why do you admire them?

Mentors

Describe any work or mentor experience you have with youth?:

Why do you want to be a mentor for the youth in Bridges of Hope?:

How did you hear about this program?:

For background check purposes, please provide your addresses of record for the years 2008 – 2012 in the space below. If necessary, use the back of sheet, or attach a sheet.

Disclaimer and Consent

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a mentoring relationship I understand that false or misleading information in my application or interview may result in my release from this program.

Signature: _____ Date: _____

Confidentiality Statement

I agree to hold in confidence the personal history and names of all youth and their families, which I have knowledge of as a result of my time with Heart River Bridges of Hope.

Signature: _____ Date: _____

Signature of Heart River
Bridges of Hope Staff: _____ Date: _____

*To begin the Mentor Application Process,
Please return this application to:
Heart River Bridges of Hope
701 16th Ave SW
Mandan, ND 58554*

Authorization and Request for Criminal Records Verification and Finger Print Information

I, _____, understand it necessary for Heart River Bridges of Hope Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize Heart River Bridges of Hope, its staff and board members to obtain any needed information regarding my driving record, legal/criminal history and fingerprints, character references, and employment from any state or federal agency, my employer, personal references and any other entity for the purposes of participating in a mentoring program. Further, I provide permission for Heart River Bridges of Hope to conduct the same investigation of my background in previous states in which I have resided.

Signature: _____ Date: _____