

**BOYS & GIRLS CLUB
OF CHEYENNE**

**BOYS & GIRLS CLUB OF CHEYENNE
MENTOR/VOLUNTEER APPLICATION**

(Please type or print)

Date of Application: _____

Name of Applicant: _____ Date of Birth: _____

Applicant Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone _____

E-mail: _____

Employer: _____ Occupation: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Business phone: _____ Fax: _____

Business E-Mail: _____

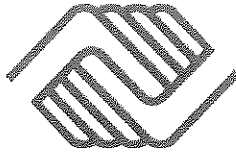
~~~~~  
Preferred Day to Mentor (Mon - Sat) - Choice #1: \_\_\_\_\_ Choice #2: \_\_\_\_\_

Best Time of Day to Mentor (check all that apply): Morning  Afternoon:  Evening:

Do you prefer to be matched with: (check one): Male  Female  No preference

Do you prefer to be matched with: (check one): Younger youth  Teen  No preference

- On the back of this application or a separate sheet of paper, write a brief statement on why you wish to be a mentor in the Mentoring Program at the Boys & Girls Club.
- On the back of this application or a separate sheet of paper, describe special interests or hobbies that may be helpful in matching you with a mentee (e.g. cooking, crafts, career interests, games, sports, computers, art, needlepoint, languages, music, painting, etc.).



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OF CHEYENNE**

List the addresses where you have lived for the last 10 years (begin with the most recent after the current address listed above). Use back of page or separate sheet if more space is needed:

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

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

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

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

Please provide three personal references (other than family members):

1. Name: \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

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

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

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

3. Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

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

**Employment History:** List the last three places of employment starting with most recent:

1. Company: \_\_\_\_\_ Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

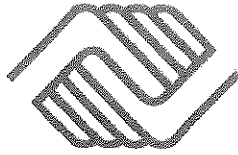
Employed from: \_\_\_\_\_ to: \_\_\_\_\_

2. Company: \_\_\_\_\_ Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_

3. Company: \_\_\_\_\_ Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_



**Mentor Release Statement**

I, the undersigned, hereby state that if accepted as a mentor, I agree to abide by the rules and regulations of the Mentoring Program at the Boys & Girls Club (hereafter known as the "Club"). I understand that the program involves spending a minimum of one hour per week at the Club. I am not allowed to take the youth off the Club grounds. Further, I understand that I will attend a training session, keep in regular contact with my mentee and communicate with staff regularly during this period. I am willing to commit to one year in the program and then may be asked to renew for another year.

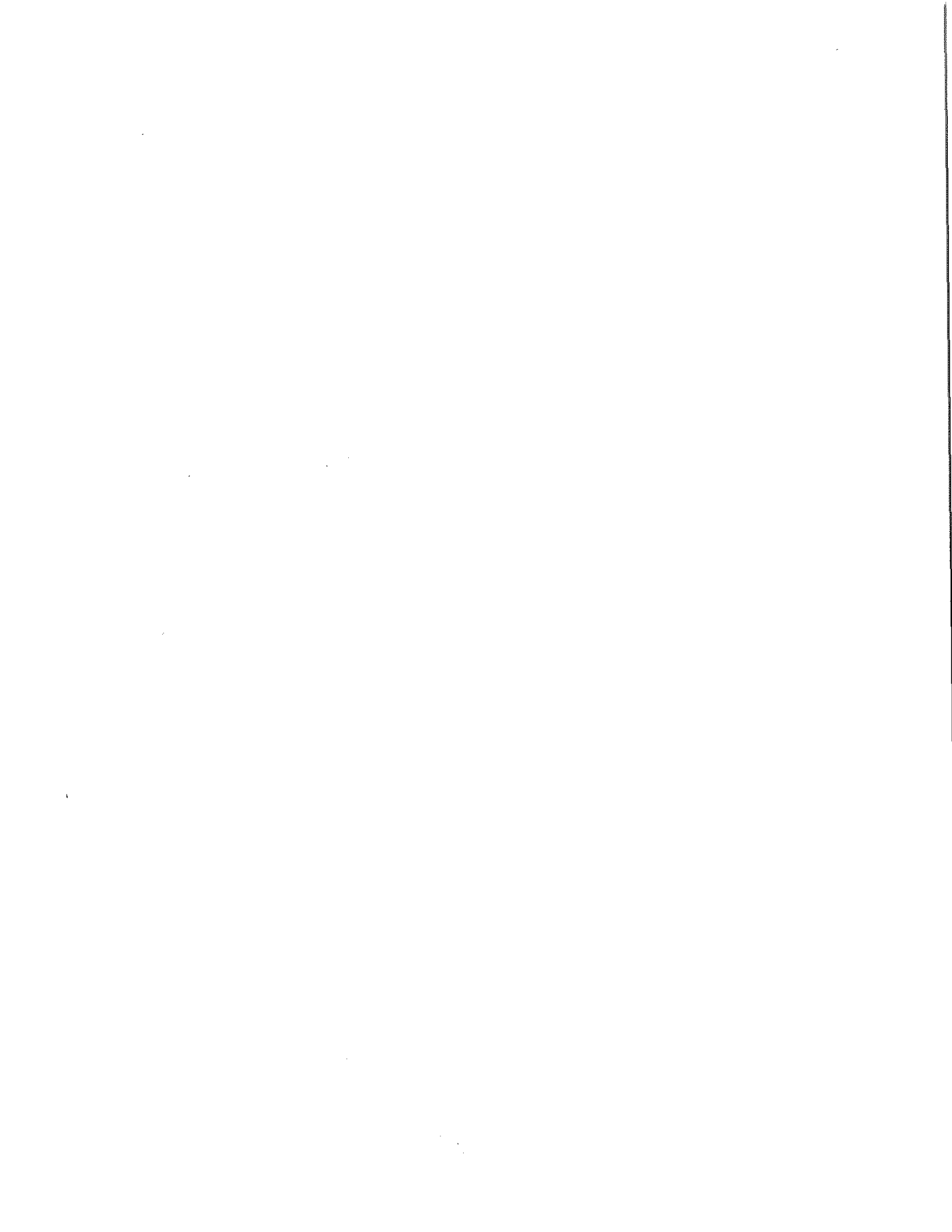
I have not been convicted of (a) any felony of any kind, or any misdemeanor involving (b) harm or threat of harm to another person, (c) controlled substances, (d) acts of a sexual nature, or (e) cruelty to animals. I am not under current indictment. Further, I hereby fully release, discharge and hold harmless the Club, participating organizations and all of their employees, officers, directors, and coordinators from any and all liability, claims, causes of action, costs and expenses which may be or may at any time hereafter become attributable to my participation in the Mentoring Program.

I understand that the Club staff reserves the right to terminate a mentor from the program. The program takes place only at the Club and does not encourage or approve of relationships established between mentor/mentee and family members beyond the organized and supervised activities of the program. I give permission for program staff to conduct a criminal background check as part of the screening for entrance into the program. This includes verification of personal and employment references as well as a criminal check with the authorities. Program staff has final right of acceptance of applicant into the program and reserves the right to terminate a mentor from the program at any time. I have read this Release Statement and agree to the contents. I certify that all statements in this application are true and accurate.

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(Mentor Signature)

(Date)





**BOYS & GIRLS CLUB  
OF CHEYENNE**

The Boys & Girls Club of Cheyenne conducts background checks for screening of criminal convictions based on Boys & Girls Clubs of America and governmental agency guidelines.

I am authorizing the Boys & Girls Club of Cheyenne to conduct my background check at least annually.

Please print legibly.

Printed Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

For grant purposes only:

Ethnicity: \_\_\_\_\_ Sex: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If under age 18, Printed Name of parent or guardian:

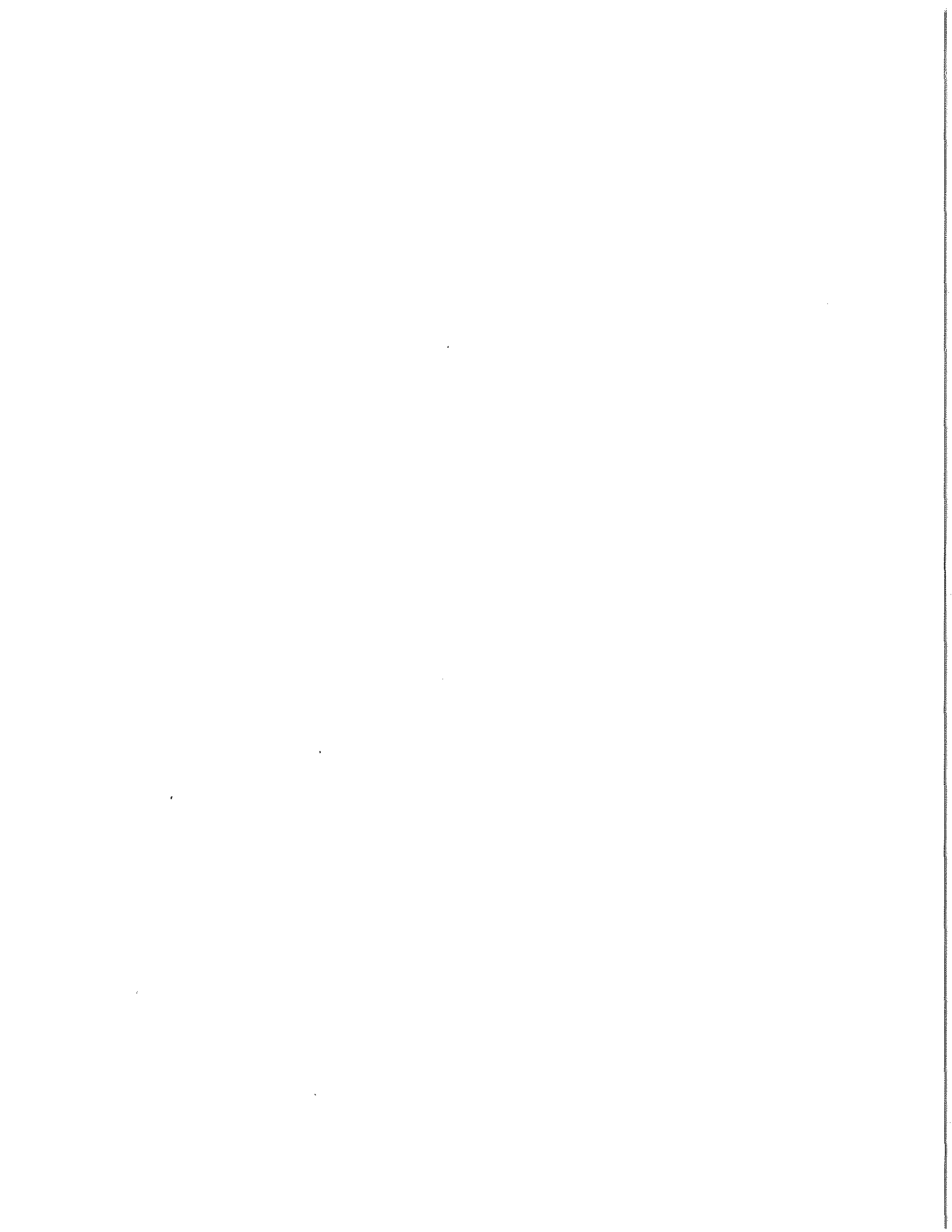
\_\_\_\_\_

Parent or Guardian signature:

\_\_\_\_\_

Date:

\_\_\_\_\_





## Employee Code of Conduct

1. In order to protect the Boys & Girls Club staff, volunteers and program participants, at no time during a Boys & Girls Club program may a staff person be alone with a single child where others cannot observe him or her. As staff supervise children, they should space themselves in such a way that other staff can see them.
2. Staff shall never leave a child unsupervised.
3. Restroom Supervision: Staff will make sure suspicious or unknown individuals do not occupy the restroom, before allowing children to use the facilities. Staff will stand in the doorway of the restroom while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being allowed alone with a child). No child, regardless of age, should ever enter a bathroom alone on a field trip. Always send children in pairs, and whenever possible, with staff.
4. Staff shall not abuse children including:
  - Physical abuse – to strike, spank, shake, slap;
  - Verbal abuse – to humiliate, degrade, threaten;
  - Sexual abuse – to inappropriately touch or speak;
  - Mental abuse – to shame, withhold kindness, be cruel;
  - Neglect – to withhold food, water, basic care, etc.

NO TYPE OF ABUSE WILL BE TOLERATED AND MAY BE CAUSE FOR IMMEDIATE DISMISSAL

5. Staff must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Staff will have age-appropriate expectations and set up guidelines and environments that minimize the need for discipline.
6. Staff may conduct a brief health check of members, each day, as they enter the program. Staff should be aware of the child's general health and wellbeing noting any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a non-threatening way. Any questionable marks or responses will be documented.
7. Staff must respond to children with respect and consideration and treat all children equally regardless of sex, race, religion or culture.
8. Staff will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no.
9. Staff will refrain from intimate displays of affection towards others in the presence of children, parents, and staff.
10. Staff must always appear clean, neat and properly dressed. See Employee Handbook Section 2.07 Dress.
11. Smoking or the use of tobacco products in the presence of children or parents during working hours is prohibited. See Employee Handbook Section 10.05 Tobacco Usage.
12. Staff will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.

13. Staff may not be alone with children they meet in Boys & Girls Club programs outside the Boys & Girls Club. This includes babysitting, sleepovers, and inviting children to your home. Any exception requires a conflict of interest form completed and approved by the Chief Professional Officer. See Employee Handbook Section 2.09 Fraternization.
14. Staff is not to transport children in their own vehicles. See Employee Handbook Section 11.05 Transporting Members.
15. Under no circumstances should staff release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent/guardian authorization must be on file).
16. Staff will be aware of the BGCA Critical Incident Reporting guidelines. See Employee Handbook Section 2.14 Critical Incident Reporting.
17. Staff will act in manner that is honest, caring, respectful, fair, spiritual, and with a sense of justice.

I understand that any violation of this Code of Conduct may result in termination.

\_\_\_\_\_  
Employee Name and Signature Date

\_\_\_\_\_  
Chief Professional Officer Signature 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) **Only applications with original signatures will be accepted. Electronic signatures, scanned or faxed copies are not accepted.**
- 5) The SS-26 Form will be returned to the DFS Field Office requesting the screen when complete.
- 6) Areas marked by an asterisks, \*, are required fields.

Mail application to:

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

**To be Completed by the DFS Field Office (Print clearly)**

|                                                                |                                               |
|----------------------------------------------------------------|-----------------------------------------------|
| Name of person being screened: _____                           |                                               |
| *City of Field Office requesting check: _____                  | Cheyenne                                      |
| *Contact person for Field Office: _____                        | Misty Cowles                                  |
| *Phone: (307) 777-5198 _____                                   |                                               |
| Reason for screen:                                             |                                               |
| <input checked="" type="checkbox"/> Child Care Subsidy Program | <input type="checkbox"/> Foster Care/Adoption |
| <input type="checkbox"/> Home Study                            | <input type="checkbox"/> ICPC/ICJ             |
| <input type="checkbox"/> 24 Hour Substitute Care Certification | <b>B&amp;G Club</b>                           |

|                                                                         |                                                          |
|-------------------------------------------------------------------------|----------------------------------------------------------|
| <b>For Central Registry Use only</b>                                    |                                                          |
| Date Completed _____                                                    | Reference Number _____ - <b>0104</b>                     |
| Check Number _____                                                      | Money Order Number _____                                 |
| Person being screened listed on the DFS Abuse/Neglect Central Registry? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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 (5) 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.