TEAMMATES
MENTORING

TeamMates Mentor Agreement

I, _____(your name) acknowledge that if accepted as a TeamMate Mentor, I agree to abide by the rules and regulations of the TeamMates Mentoring Program. I understand that the program involves spending time weekly at the assigned school with my student during the school year. I will be committed to at least three school years with my mentee, if possible. I have not been convicted or had final disposition of a conviction of any felony or misdemeanor classified as an offense against a person or family, or public indecency, or a violation involving a state or federally controlled substance. I am not currently under indictment. **I give permission for TeamMates to conduct a periodic criminal background check and child/adult abuse inquiry.** Further, I hereby fully discharge school personnel and participating companies or organizations from any and all liability, claims, causes of action, costs and expenses which may be attributable to my participation in the TeamMates Mentoring Program.

In connection with my application to volunteer, I understand that references may be requested that will include information as to my character, work habits, performance and experience.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference contacted by One Source, The Background Check Company or its agent, to furnish the information described above. I understand that in the event a decision is made based upon the results of my background check, a report will be furnished to me upon my request.

I also agree to the following:

- To actively participate in training sessions before beginning.
- To be on time for scheduled meetings.
- To sign in on the volunteer registration sheet at the school prior to each visit.
- To notify the school office if I am unable to keep my regularly scheduled meeting with my youth TeamMate.
- To engage in the one-to-one mentoring with an open mind.
- To abide by all school rules and policies during every meeting with my mentee and at TeamMates events.
- To accept assistance from the student's teachers and TeamMates Mentoring Program Coordinator.
- To keep discussions with the student confidential, except to inform the teacher or program coordinator about situations that negatively affect the student's health or welfare.
- To ask the program coordinator when I need assistance or do not understand something.
- To notify the program coordinator of any changes in my employment, address, or phone number.
- To notify the program coordinator of any problems or difficulties with the relationship.
- To notify TeamMates of any criminal charges brought against me while I am a TeamMates Mentor.
- To cooperate with the program's policies and procedures.
- To follow my school's rules (or Code of Conduct) at school and TeamMates events.
- To allow TeamMates to use my photograph/image or likeness as needed.

I understand the TeamMates Mentoring Program reserves the right to deny acceptance to any mentor and to terminate a mentor from the program.

Yes / No Have you ever been given pretrial diversion?

I have read the above statements and agree to the contents. To the best of my knowledge and belief, all statements in my application are true and accurate.

Signed: _____ **Date:** _____

Updated July 2016

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Division of Children and Family Services (CFS)
Nebraska Child Abuse and Neglect Central Registry (CAN Registry)/
Nebraska Adult Protective Services Central Registry (APS Registry)

All designated fields must be completed or the request will be returned and not processed. Please type or print legibly. For information on how to register your organization go to: http://dhhs.ne.gov/CFSCentralRegistry

ORGANIZATION INFORMATION

Registered Organization ID Number	Registered Organization Name
1022	OneSource

APPLICANT INFORMATION

First	Middle	Last Name

Date of Birth	Age	Social Security Number

Current Address

City	State	Zip Code

Applicant's E-Mail Address (Please leave the E-Mail field blank if you prefer to receive correspondence by U.S. Mail).

Other names, such as a maiden name, former married name, or nickname

Names and birthdates of your children and children who lived with you:

All previous addresses at which you have resided (minimum City & State):

Please release the following information to the Organization listed above: (Check all that apply): .

☑ Nebraska Child Abuse and Neglect Central Registry (CAN Registry)
1. Whether or not I am listed on the CAN Registry, and the following information regarding that listing:
   a. Date of the alleged child abuse or neglect; and
   b. The classification of the case pursuant to Neb. Rev. Stat. 28-720. (i.e., Agency Substantiated or Court Substantiated).

☑ Nebraska Adult Protective Services Registry (APS Registry)
1. Whether or not I am listed on the APS Registry, and the following information regarding that listing:
   a. Date of the alleged adult abuse or neglect; and
   b. The classification of the case pursuant to Neb. Rev. Stat. 28-376. (i.e., Agency Substantiated or Court Substantiated).

This authorization is valid for a period of 6 months from the date of signature.

Signature of Applicant _____ Date _____

(NOTE: If Applicant is less than 19 years of age the notarized signature of Applicant's Legal Guardian is also required below in Section C).

Section A - Verification of Identity of Applicant: Section A or B must be completed.

N/A

STATE OF _____)
) ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____ by:

_____
(Printed Name of Applicant) .

Affix Official Notary seal here _____
Notary Public

Section B - Verification of Identity of Applicant: Section A or B must be completed.

The undersigned Organization employee hereby certifies that he or she has verified the identity of the Applicant by examining the Applicant's identification documents.

Signature of Organization Employee _____ Date _____

Printed Name of Organization Employee _____

Signature of Applicant's Legal Guardian _____ Date _____

(NOTE: This signature is necessary only if Applicant is less than 19 years of age).

Section C - Verification of Identity of Applicant's Legal Guardian (If applicable)

N/A

STATE OF _____)
) ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____ by:

_____
(Printed name of Applicant's Legal Guardian) .

Affix Official Notary seal here _____
Notary Public

Registered Organization ID Number

1022