



Homeless Solutions Buddies Program

Dear Applicant,

Thank you for your interest in becoming a mentor with Homeless Solutions Buddies Program. The goal of this program is to provide children in Homeless Solutions' (HSI) shelter programs and supportive housing programs with strong and encouraging role models by forming one-on-one relationships with volunteers that will help the child's development, self-esteem and outlook on life.

We are seeking dedicated volunteers with a passion for youth mentoring. All mentors must be at least sixteen years old and willing to meet with their mentee at least once a month for a minimum of six months, as consistency is crucial in the development of the children. All mentors must have a valid driver's license, car insurance and car, or if under age 17, the parent/guardian must meet the previous criteria. Mentors must be willing to travel to Homeless Solutions on a regular basis to pick up their mentee for their outing. All mentors must submit to a background check, driver's abstract, reference check and other screening when applicable. In order to complete the initial screening, all applicants must submit a **\$40 application fee** to be applied to the screening processes. **Please note that any person that will provide transportation will be subject to the same screening process and fee.** Only those who have been screened will be able to transport the mentee. *The application fee must be in the form of a check or money order; we will not accept credit cards.*

If you meet the above criteria, please submit the attached application and application fee and return to:

Homeless Solutions, Inc.
Buddies Program
3 Jean Street
Morristown, NJ 07960

Please be aware that not all applicants will be selected to serve as youth mentor. Upon review of the applications, some applicants will be invited for an intensive on-site interview and an in-home interview. If the applicant is selected to serve as a mentor, the mentor will be required to participate in a mandatory training and may be encouraged to attend additional trainings throughout the course of the mentoring relationship. All mentors will be required to fill out a pre and post survey as well as an activity log to document the relationship.

If you have any questions regarding the application or the program, please feel free to contact **Emily** at 973-455-0129 or mentor@hsinj.org.

Sincerely,

Homeless Solutions Staff

Homeless Solutions Buddies Program Guidelines

Eligibility

All children ages 6-21 years old entering the Family Program, THP or Outreach Program will be offered to partake in the Buddies program. Children and their families will have 60 days upon their entry to their program to elect whether or not to participate in the Buddies program. This includes children with special needs, as they will be matched with a willing and qualified mentor who is familiar with working with children with special needs. To be eligible for this program, children **must** have health insurance.

Children will be carefully matched with their "Buddy" based on personalities, common interests, etc. All buddies must be at least 16 years old and willing to commit to the program for a **minimum of 6 months**. Prior to being matched with a child, all Buddies will undergo an intensive screening process, including reference checks, background checks, driver's abstracts, and in person interviews, including on-site and home interviews. After the in-depth screening process, if a Buddy is deemed eligible, they will be required to attend orientation training. Once the child and Buddy have been matched, the Buddy will first meet with parent(s), allowing parent(s) and Buddies to discuss expectations, concerns, questions, etc. Then, the child will be able to meet their Buddy and begin to meet regularly.

Program Structure

All Buddies are to pick up the child at Homeless Solutions or the child's new home. Buddies are not required to remain on Homeless Solutions property, and are encouraged to take the child off-site to provide the child with an experience outside of the Shelter or home. Buddies are **not** permitted to bring the child to their home under any circumstances.

All Buddies are to visit with the child **at least once a month** for a **minimum of six months** to ensure consistency. It is the responsibility of both the Buddy and the parent(s) to schedule and uphold regular meetings between the Buddy and child. Failure to commit to program requirements may result in termination from the Buddies program.

Rules/Regulations

All Buddies, Parents and Children will be expected to uphold the following rules and regulations. Failure to do so could result in termination from the Buddies Program.

- 1.) All Buddies must abide by Homeless Solutions confidentiality agreement. Buddies are not permitted to reveal the identity of their mentee to family, friends, coworkers, etc. to ensure the safety and privacy of the child and their family. This includes abiding by the family's photo consent, and only taking/posting pictures when permissible.
- 2.) Buddies and children are **NOT** permitted to have overnight visits under any circumstances.
- 3.) There will be no exchanging of gifts between Buddies, children and parents. Gifts can include, but are not limited to, presents, financial assistance or help with household chores/tasks.
- 4.) Buddies, parents and children must do everything in their power to make the agreed upon meeting times. In the event that either party cannot make it, the cancelling party must communicate with the other **24 hours in advanced** and set up a time to reschedule.
- 5.) Buddies are **NOT** permitted to take their mentee swimming or participate in any water sports.
- 6.) Buddies, parents and children understand that the purpose of the Buddies Program is for children and Buddies to spend one-on-one time. Buddies are **not babysitters** and therefore are not permitted to watch the child's siblings, nor should parents arrange meetings around their schedule.

Termination/Program Completion

Failure by either party to abide by the rules and regulations of the HSI Buddies Program could result in termination. In the result of termination, the non-terminated party will be given the option to be matched with a new Buddy/child.

When the child's family secures permanent housing or their time in the HSI program comes to an end, the Buddies, children and parent(s) must sit down and decide whether the relationship will continue to exist outside of Homeless Solutions. Continuing the relationship is strongly encouraged, as consistency and stability is critical to the child's development. In the event that the relationship cannot be maintained upon program completion, a mandatory closure meeting must be set up between the Buddy, child and parent(s). At this time, both parties will be asked if they would like to be matched to a new Buddy/child.

Homeless Solutions Buddies Program

Volunteer Mentor Application

*Please note that some questions are required for a background check

Personal Information			
Name: (First, Last, MI)		DOB:	Age:
Legal Sex:	Gender Identity:	Social Security Number:	Race (optional):
Primary Language:		Other Languages spoken:	
Primary Phone (Cell/work/home):		Email:	
Home Address:			
City:		State:	Zip:

If lived at current address for less than 3 years, please list your previous address below:

Previous Address: _____

City: _____ State: _____ Zip: _____

How long did you live at this address? _____

Emergency Contact Information		
Name:		Relationship to you:
Phone (cell):	Phone (work/home):	
Home Address:		
City:	State:	Zip:

*If you have a resume that includes the following information, please provide that as an attachment instead

Employment:

Employer Name: _____ Job Title: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Supervisor's Title: _____

Supervisor's Phone: _____ May we contact your Supervisor? : Yes/No

Length of time at current job: _____

If employed at current location for less than 7 years, please list your previous employer information:

Employer Name: _____ Job Title: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Supervisor's Title: _____

Supervisor's Phone: _____ May we contact your Supervisor? : Yes/No

Length of time at current job: _____

Reason for leaving: _____

Education History:

	Name and Address of School	Years Attended:	Did you graduate?	Major/ Emphasis of Studies:	Degree Obtained:
High School					
College or Vocational School					
Additional Schooling					

Household Information:*Please list information for all family and/or household members:*

	<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Relation to you</u>	<u>Do they live in your home?</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

**Please use the back of this application if more space is needed.*

Vehicle Information:

Do you own your vehicle? Yes _____ No _____

If no, what is your method of transportation?

(If you do not own your own vehicle, please fill in the information of the vehicle/person that will be providing your transportation)

Please provide the following information:

Vehicle make and model: _____ Year: _____ License Plate #: _____

License #: _____ Expiration Date: _____ State: _____

Relationship to Driver (If applicable): _____ Age of Driver _____

****Please attach a copy of the license, insurance, and registration***

******Remember you must have transportation in order to qualify as a mentor******

Mentoring Program:

How did you hear about HSI Buddies Program? : _____

Why do you want to be a mentor? :

Do you have prior experience working with children with special needs? If yes, please provide a brief explanation: _____

If selected as a mentor, how soon would you be able to begin meeting with your mentee? :

Do you have prior experience working with youth and/or homeless individuals? If yes, please provide a brief explanation: _____

Do you have an special certifications (ex: CPR training) :

By initialing below, I agree to and understand that if I am selected as a volunteer mentor:

_____ I will be required to meet with my mentor AT LEAST once a month for a minimum of six months.

_____ I will abide by Homeless Solutions confidentiality agreement (attached) in order to ensure the privacy and safety of the child and their family.

_____ I will abide by and respect the photo release form signed by my mentee and his or her family.

_____ I will not be permitted under any circumstances to have overnight visits with my mentee.

_____ I will not be permitted to exchange gifts of monetary value with my mentee or his/her family.

_____ I will not be permitted to take my mentee swimming or participate in any water sports.

_____ I understand that Homeless Solutions reserves the right to create and enforce new program regulations as seen fit. In the event a new rule is created, I will be briefed of the change and will abide by the rules out of respect for my mentees safety.

Application Fee:

_____ I have enclosed a check or money order for \$_____, made out to Homeless Solutions, Inc. to cover the cost of screening _____ members in my household. (\$40 for each member that will be involved in the relationship ex: drivers)

In signing below, I verify that all of the information submitted on this application is true, accurate and complete. I understand that deliberately providing false information could result in legal repercussions and/or termination from HSI Buddies Program.

Applicant Signature

Date

Homeless Solutions Buddies Program

Volunteer Match Preference Questionnaire

Name: _____ Date: _____

In order to match you with your mentee, Homeless Solutions staff would like to know more about your preferences to certain characteristics. Please complete the following questionnaire as honestly as possible.

*If your parent will be involved as your transportation, please fill this out with him/her

<u>I Prefer</u>	<u>I will accept</u>	<u>I will not accept</u>	
_____	_____	_____	1. A child who is not clean.
_____	_____	_____	2. A child who has a body odor.
_____	_____	_____	3. A child from a home that is not kept clean.
_____	_____	_____	4. A child who uses bad language.
_____	_____	_____	5. A child who skips school.
_____	_____	_____	6. A child who is shy.
_____	_____	_____	7. A child who physically fights with other children.
_____	_____	_____	8. A child who has a criminal record.
_____	_____	_____	9. A child who does not say "thank you".
_____	_____	_____	10. A child who enjoys sports.
_____	_____	_____	11. A child whose sibling(s) also have mentors.
_____	_____	_____	12. A child with strong religious beliefs.
_____	_____	_____	13. A child who doesn't like their mother.
_____	_____	_____	14. A child who doesn't like their father.
_____	_____	_____	15. A child who drops out of school.
_____	_____	_____	16. A child who has been physically abused.
_____	_____	_____	17. A child who has been sexually abused.

<u>I Prefer</u>	<u>I will accept</u>	<u>I will not accept</u>	
_____	_____	_____	18. A child with a unique sense of style.
_____	_____	_____	19. A child who is loud.
_____	_____	_____	20. A child who lacks confidence.
_____	_____	_____	21. A child who has been caught stealing.
_____	_____	_____	22. A child who smokes cigarettes.
_____	_____	_____	25. A child who smokes marijuana.
_____	_____	_____	27. An overweight child.
_____	_____	_____	28. A child who habitually lies.
_____	_____	_____	29. A child who exaggerates the truth.
_____	_____	_____	30. A child who wants to go to college.
_____	_____	_____	31. A lonely child.
_____	_____	_____	32. A child who talks constantly.
_____	_____	_____	33. A child who doesn't show affection.
_____	_____	_____	34. A child who cries to manipulate.
_____	_____	_____	35. A child who does not respect authority.
_____	_____	_____	36. A child who has failed a grade in school.
_____	_____	_____	37. A child who has a physical disability.
_____	_____	_____	38. A child who has a developmental or mental disability.
_____	_____	_____	40. A child who is sexually active.
_____	_____	_____	41. A child who drinks alcohol.
_____	_____	_____	42. A child who cannot sit still.
_____	_____	_____	43. A child who is currently homeless.
_____	_____	_____	44. A child who has experienced multiple episodes of homelessness.
_____	_____	_____	45. A child who is on the autism spectrum
_____	_____	_____	46. A child who's first/primary language is something other than English

Homeless Solutions Buddies Program

Homeless Solutions, Inc. Photo Release

I grant Homeless Solutions, Inc. and its representatives the right to take photographs of me and publish the same in print and/or electronically.

I agree that Homeless Solutions, Inc. may use such photographs with or without my name and for any lawful purpose, including but not limited to the purposes of publicity, illustration, advertising, fundraising, videos, brochures, print media and Web content. I also fully understand I may or may not be notified of such use.

I consent to the above:

Name: _____

Signature: _____

Date: _____

I do not consent to having photographs taken of me or my children by Homeless Solutions or any of its representatives.

Name: _____

Homeless Solutions Buddies Program

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR VOLUNTEER PURPOSES

Please read carefully before signing the authorization.

DISCLOSURE

In considering you as a volunteer mentor, and if selected to be a volunteer mentor, Homeless Solutions, Inc. ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- A "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of service as a factor in making a volunteer-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- An "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employees, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for volunteer purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me as a volunteer. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the volunteer decision about me.

I do _____ do not _____ authorize you to contact my *current* employer for Employment and Reference Verifications.

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application).

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Applicant Signature

Date

Personal Data

 Last Name

 First Name

 Middle Name

 Current Address

 Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code)

Dates of Residence:

 Date of Birth

 Other Names Used (including Maiden name)

 Years Used

 Social Security Number

 Driver's License #

 Expiration Date

 State

 Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc.**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc.** has previously furnished within the two year period preceding my request.

I certify that all of the elements of the person data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it in any interviews will be sufficient grounds for rejection of volunteering and my termination from the mentoring program.

 Printed Name

 Applicant Signature

 Date

Authorization to Check a Candidate's References

References:

**Please provide 1 professional and 2 personal - references may NOT be family members*

Name: _____

Phone: _____ Email: _____

Relation to you: _____

Name: _____

Phone: _____ Email: _____

Relation to you: _____

Name: _____

Phone: _____ Email: _____

Relation to you: _____

Homeless Solutions, Inc.

I hereby authorize Homeless Solutions, Inc. (the "Company") or any designated officer, employee, agent or representative to confer with the above-named references. I understand that the Company may ask my references about my educational background, work experience, achievements, wage history, performance, attendance, personal history, character, personality, disciplinary information, and reason for separation from former employment. I expressly authorize my references to answer such questions.

I understand that any information provided by my references is to be used solely for the purpose of determining my acceptability for volunteering with the Company.

I release all of the above-named references from any claim for damages, including, but not limited to, claims for defamation, interference with contract, and negligence – which may arise or result from any truthful reference information provided by a reference pursuant to this authorization.

Applicant's Signature

Date

Homeless Solutions Buddies Program

CONFIDENTIALITY STATEMENT

Volunteers will, to the best of their ability, ensure confidentiality and privacy with regard to history, records, and discussions about the people we serve. The very fact that an individual is served by this organization must be kept private or confidential; disclosure can be made only under specified conditions, which are described below, for reasons relating to law enforcement and fulfillment of our mission. **This means that volunteers shall not disclose any information about a person, including the fact that the person is or is not served by our organization, to anyone outside this organization unless a release form has been signed by the guest and/or authorized personnel.** The principle of confidentiality must be maintained in all programs, departments, functions, and activities.

The essence of Homeless Solutions, Inc.'s relationship with our guests receiving services is the assurance that all information that we obtain during the course of our relationship will be kept in complete confidence. Therefore, it is of utmost importance that you take all possible precautions to avoid any violations of the confidentiality or any appearance that such confidentiality has been violated.

Volunteers

Care should be exercised in discussing matters relating to guests receiving services with staff members or other volunteers who are not involved with that individual.

Third Party

The affairs of guests receiving services should never be discussed with third parties involved with the individuals such as bankers, lawyers, investment counselors, etc. unless we have specific prior authorization to do so. If such authorization is not in writing, it is desirable to place a memorandum in our files describing the nature and extent of the authority granted.

Outsiders

Discussing guest-related matters with outsiders such as friends and family members should be avoided even if the information appears to be of non-confidential nature. Most individuals are very sensitive about any aspect of their business being discussed, even the existence of a relationship with Homeless Solutions, Inc. These sensitivities should be respected.

Public Places

Guests' affairs should not be discussed in public places such as restaurants, planes, buses, trains, elevators, etc. where others may overhear the discussion.

Governmental Agencies

Any discussions with unauthorized governmental agencies require specific guests' authorization or the discussion must be in compliance with valid subpoenas or summonses. The only information to be divulged is that which is covered by authorization, subpoena, or summons. When necessary, our legal counsel should be consulted to determine if the information is protected by privileged relationship.

Signed: _____ Date: _____

Printed Name: _____

Affiliation: _____