

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



## The **iDream** Team Youth Mentorship Program Application

Full Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

Special Certifications \_\_\_\_\_

Do you have any children in the program? If so, who? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ If yes, please provide your Driver's License ID#, as well as a copy of your ID along with your application (email copy of picture ID - state or DL - to [info@phase3center.com](mailto:info@phase3center.com)). ID# \_\_\_\_\_

Number of hours available to volunteer each week: \_\_\_ 1-5 \_\_\_ 5-10 \_\_\_ 10-15 \_\_\_ 15-20

**The **iDream** Team Mentorship Program - Presented by Phase Three Center, Inc.**  
**104 W. Liberty Street**  
**Sumter, SC 29150**  
**Office: (803) 757-1212**  
**Email: [info@phase3center.com](mailto:info@phase3center.com)**

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List time frames available to volunteer each day:

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_

Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Sun \_\_\_\_\_

### **Background Information**

1. Have you ever been convicted of or plead guilty to and crime(s)?  Yes  No
2. Have you ever been refused participate in any youth program?  Yes  No
3. Have you been required to register as a sex offender under any state or federal statue?  Yes  No
4. Have you even volunteered as a Mentor for another Mentoring Program?  Yes  No

If you answered "Yes" to question 1,2, or 3 provide complete details:

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## Background Check Authorization

By signing this application, I am certifying that all information provided is true and accurate. I, \_\_\_\_\_, hereby authorize Phase Three Center, Inc. to investigate my background and qualifications for purposes of evaluating whether I am qualified for the mentorship program for which I am applying. **ALL APPLICANTS WILL SUBMIT TO A BACKGROUND CHECK.**

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

## YOUTH MENTOR GUIDELINES/INSTRUCTIONS

**Please INITIAL each of the following—**

1. \_\_\_ Be dependable and punctual! If you will be late or absent, please notify the mentee and their parent as soon as possible.
2. \_\_\_ Never put yourself into situations that could be perceived as inappropriate. Meet in public places as much as possible. Examples— Never be in a home alone with your mentee. Never be in a bedroom or bathroom with your mentee.
3. \_\_\_ Absolutely **NO** photos or sharing of information can be shared on social media sites!
4. \_\_\_ Refer concerns to your contact person.
5. \_\_\_ Never take any kind of medication (i.e., aspirin) from a mentee.
6. \_\_\_ Smoking, drinking or drug use is not permitted while with a mentee.
7. \_\_\_ When meeting and talking with mentee in public, avoid talking about private matters where others can hear.

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8. \_\_\_ Respect cultural and social differences and religious beliefs. Do not try to change your mentee, but instead accept them as they are. Avoid imposing your own upon them.
9. \_\_\_ Do not travel with your mentee without written consent their parent/guardian.
10. \_\_\_ Make any promises sparingly and keep them faithfully.
11. \_\_\_ Mentor/mentee assignments may be changed if either the mentor or mentee request it.
12. \_\_\_ Please do not carry weapons of any kind when spending time with your mentee.

\_\_\_\_\_  
Youth Mentor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date

Thank you for taking the time to apply to participate as a Mentor in the iDream Team Mentoring Program! Each Application will be reviewed thoroughly and will follow an in-person interview with our team. We look forward to working with you!

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