



Dear Potential Mentors:

We are delighted that you are interested in receiving information about the 4C Coalition Mentor Program. As you know young people need adults in their lives who are role models, supporters and confidantes. Mentors are trusted guides and coaches who assist and encourage youth in achieving their goals

The 4C Coalition Mentor Program partners with King County Juvenile Court, Department of Labor and The City of Seattle in this new approach to helping teenagers caught in the cycle of drugs, alcohol and crime. The 4C Mentor Program promotes new opportunities and standards of care in juvenile justice by bringing mentors and communities together to improve pro-social activities and to help our young people in trouble with the law and to “reclaim our youth”.

Mentors come along side of the youth and introduce them to pro-social activities and help them make positive life choices. You can make a real difference in the life of a young person in our community.

In order to become eligible to mentor a youth, you must complete a New Mentor Training. **We host our New Mentor Training one Saturday each month from 9:30am-4:30pm.** To register for the next training please call 206-568-0391. We hope you can attend soon.

Breakfast and lunch are included

We look forward to meeting you. Thanks for caring and your desire to help a youth!

Sincerely,

A handwritten signature in blue ink that reads "Hazel".

Hazel Cameron
Executive Director
4C Coalition Mentor Program



Mentor Program Essentials

Mentors are recruited from the community to work with youth that may be currently involved in the King County Superior Court system or Seattle Youth Violence Prevention Initiative. The goal of the 4C Coalition Mentor Program is to help young people make better life choices including, leading a life that is crime and drug free, with the aid of a caring adult. A mentor offers support and encouragement to the youth while the youth learns to serve the community better and have a more hopeful outlook for his/her future.

Mentors are members of the community who:

- Are 21 and older
- Attend a 6-hour training designed to give the mentor information about the program and the youth involved in the juvenile justice system. A scripted training has been developed to insure that mentors are trained uniformly.
- Consent to a Washington State Patrol background check.
- Make a one (1) year commitment to a youth and the Mentor Program.
- Meet or make weekly contact with his/her assigned youth while the young person is in the community.
- Contact Mentor Program staff to check-in regularly and attend -quarterly Mentor Workshops where mentors and mentees connect and receive on-going training.

The Mentor Program staff spends their time recruiting, training and supervising mentors, recruiting youth and speaking in the community on issues related to 4C Coalition Mentor Program. The Mentor staff also plans and facilitates quarterly mentor workshops and seminars. The staff also helps mentors locate resources for their youth. The Mentor staff works closely with the youths' probation counselors.

The 4C Coalition Mentor Program is designed to provide mentors to 155 youth. The 4C Coalition Mentor Program is funded to help young people live substance/crime-free lifestyles. Community members mobilizing to support young people returning to the community is a key part of the 4C goal and vision. If you are interested in learning more about the 4C Coalition Mentor Program, please contact us at:

(206)568-0391
<http://the4ccoalition.org>



VOLUNTEER APPLICATION

NOTE TO THE APPLICANT:

It is the policy of the 4C coalition to utilize and endorse a wide range of volunteer services. Involvement of carefully selected residents/individuals as volunteers enhances both the quality and quantity of services we can offer. Your willingness to be a part of our volunteer activities is appreciated. In order to ensure the safety of clients, staff and members of the community, we will need to check Department of Licensing and Washington state patrol Records.

Last Name		First Name		MI	Birthdate mm/dd/yyyy	
Address			City		State	Zip code
Mailing address if different:			City		State	Zip code
Social Security Number (Optional)		Home Telephone Number		Cell Telephone Number		
Email Address				Other Telephone Number		
Employer				Employers Telephone		
Employer address			City		State	Zip code
Position		Supervisors Name				
Highest level of Education		Schools Attended				
List Skills, interests and Hobbies						
Why are you interested in volunteering?						
What types of volunteer roles interest you?						
List your goals and objectives.						
What languages do you speak?		Where did you learn about the 4C Volunteer Program?		Preferred days and Hours for volunteer service		
List Previous Volunteer experience on back of this application						
The above information is true and correct. I consent to necessary reference and record checks.						
Signature				Date		



Individual authorization to obtain background information

4C Coalition • 1404 E Yesler way, Suite B, Seattle WA 98122

NAME OF PERSON REQUESTING FOR 4C COALITION: Hazel Cameron

EXPLANATION: The 1989 Legislature authorized Chapters 334 and 90, Laws of 1989 which require background inquiries to be done on any prospective volunteer who will have regularly scheduled unsupervised access to children under sixteen years of age, persons with a developmental disability, or vulnerable adults during the course of his or her employment or involvement with the business or organization under circumstances where such access will or may involve groups of: (1) five or fewer children under twelve years of age; (2) three or fewer children between twelve and sixteen years of age; (3) persons with a developmental disability; or (4) vulnerable adults.

RCW 43.43.830 through 43.43.840
This information will be kept confidential.

PLEASE PRINT IDENTIFYING INFORMATION FOR PERSON WHOSE BACKGROUND IS TO BE CLEARED:

Last	First	MI	Sex	Race	Birth date mm/dd/yyyy
Address			City	State	Zip Code
Optional:	Eye Color	Hair Color		Social Security Number	

CONFIDENTIALITY: Federal and state laws require that information obtained from background clearance be held in strictest confidence. The department (1) shares such information only with persons or organizations outside the department authorized by you in writing and (2) then shares only the information that is directly related to your suitability to provide the kind of care or access to , children, developmentally disabled persons or vulnerable adults the department is being asked to approve. The same laws bind the person or organization you authorize to receive the information

RCW 43.43.830 through 43.43.840 , Chapter 834 Laws of 1989, Chapters 90 of Laws of 1989, Chapters 334of Laws of 1989 Require that you must answer the following questions before the background clearance begins:

Have You:

1. Been convicted of any crime or is there a criminal charge pending against you?..... Yes No
2. Been released from prison in the last 7 years?..... Yes No
3. Had your name placed on as registry of child or adult abuse in this or any state?..... Yes No
4. Been found o have sexually or physically abused or exploited or to have physically abused any child or vulnerable adult, or developmentally disabled person by:
 - a. A court in a dependency action under the juvenile court act in cases relating to dependency of a child? (RCW 13.34.0300)..... Yes No
 - b. court in domestic relations proceeding under abuse of children, adult and dependant persons? (Title 26 RCW)..... Yes No
 - c. A disciplinary board for a profession or the Director of the Department of Licensing?..... Yes No
5. Been denied license to care for children or adults?..... Yes No
6. Had a license to care for children or adults suspended or revoked?..... Yes No
7. Been convicted of any of the following crimes related to financial exploitation: First, Second or Third degree extortion; First, Second or third degree theft; First or second degree robbery; Forgery; or any of these crimes as they may be renamed in the future?..... Yes No
8. Lived outside of the state of Washington in the last 7 years?..... Yes No

NOTE: Attach a statement of explanation for ALL “Yes” answers or for any question that you did not understand or any question you do not know how to answer.

By signing this form I certify that the above information and required attachments are true and correct to the best of my knowledge. I understand that fraud or misrepresentation in my answers can serve as the basis for a finding of unsuitability. I understand that I am signing this under perjury as required by:

RCW 43.43.834. I also authorize 4C Coalition to use this form to obtain information from the record of the Washington State Patrol.

Applicant Name printed	Signature	Date
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For further information Please contact the 4C Coalition at (206) 568-0391



References

Your Name _____ Date _____

1.

Name		Relationship	
Address	City	St	Zip
Phone #	Other phone #		
Email Address			

2.

Name		Relationship	
Address	City	St	Zip
Phone #	Other phone #		
Email Address			

3.

Name		Relationship	
Address	City	St	Zip
Phone #	Other phone #		
Email Address			