



EDGE of York County

MENTOR APPLICATION PACKET

Included in this packet:

- EDGE Youth Mentoring Application Packet
 - EDGE Mission, Values, Mentor Specifics
 - Mentor Application
 - Background Information and Check Form
 - 2 Reference Letters
 - Statement of Faith

- If transporting a Mentee, please add or email the following to the application:
 - Copy of Driver's License
 - Copy of Proof of Auto Insurance

If you have any questions, please call the EDGE office at 980-264-0604

Forms may be mailed to:

EDGE of York County
PO Box 1625
Clover, SC 29710



EDGE of York County

MISSION

Our mission is to spark purpose for professional, personal, spiritual, and community growth in young women through meaningful mentoring relationships.

STRATEGY

Equip for life and leadership. Develop strong values. Grow in faith. Engage with community.

VALUES

- Christ-Centered: Following Jesus Christ and modeling the Word of God in all we do
- Church-Driven: Partnering to equip mentors and mentees for growth and community
- Individuals: Every person is uniquely created by God and is full of His-given potential
- Community: We work out our best lives in the framework of small group community
- Safety & Transparency: Serving all participants and partners with clear guidelines and communication
- Honor & Respect: Teaching and modeling high esteem, value and regard in all we do
- Grace: Everyone is imperfect and in need of love, kindness, and more chances
- Growth & Transformation: Through equipping, developing, growing, and engaging mentors, youth, and adults, all will experience lasting changes

MENTOR REQUIREMENTS

- Are a minimum of 21 years of age
- Must have a secured and growing relationship with Jesus Christ
- Participate in a Mentor and Volunteer Orientation/Interview
- Fulfill application process (application, references, background check)
- Have earned at least a High School Diploma or GED
- Read, sign, and follow EDGE policies and procedures
- Attend all training courses
- Commit to mentoring for one school year

MENTOR DISQUALIFICATIONS INCLUDE:

- Been arrested, charged, or convicted of child neglect, abuse or molestation
- Unclean criminal record
- Currently in treatment for substance abuse (If a substance abuse problem occurred in the past, the applicant must have completed a non-addictive period of at least 5 years)



MENTORING

EDGE of York County

MENTOR OBJECTIVES

- Be genuine and share your life
- Be consistent and faithful
- See potential and help youth pursue it
- Be patient and understanding
- Be self-aware and teachable
- Be accepting and empathetic
- Be a good listener



MENTORING

EDGE of York County

Mentor Application

Application Date: _____

Personal Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

DOB: ___/___/___ Marital Status: _____ Name of Spouse: _____

Name and ages of children: _____

Restrictions affecting your availability to meet with your circle group or individual mentor (i.e., car, license, schedule, health/physical challenges): _____

Do you plan to live locally for at least one year? _____

Church attending: _____

Church activities involved in currently or in the past: _____

Describe your faith journey: _____

Why do you wish to become a mentor? _____

Contact Information

Primary Phone: _____

Alt Phone: _____

Email: _____

Other: _____



MENTORING

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Employment Information

Current Employer: _____

City: _____ State: _____

Length of Employment: _____

Industry/Type of Business: _____

Would you be willing to be a liaison between EDGE and your company in helping us build a partnership? _____

How did you hear about EDGE of York County? (check all that apply)

____ Website ____ Facebook ____ Church ____ Flyer ____ Presentation: (location) _____

____ Referral: (name of referral) _____

____ Other: (please specify) _____

References

Name: _____

Email: _____

Relationship: _____

Phone: _____

Name: _____

Email: _____

Position: _____

Phone: _____

Name: _____

Email: _____

Position: _____

Phone: _____

Additional comments, notes, etc.:



EDGE of York County

Background Information and Check Form

The following are my responses to questions about my criminal record and personal history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) Yes _____ No _____ If Yes, please explain: _____
2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? Yes _____ No _____ If Yes, please explain: _____
3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? Yes _____ No _____ If Yes, please explain: _____
4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? Yes _____ No _____ If Yes, please explain: _____
5. As of the date of this authorization, do you have any pending criminal charges against you? Yes _____ No _____ If Yes, please explain: _____
6. Have you ever served in the US Military? Yes _____ No _____
7. If you answered YES to the above question, did you receive DD214? Yes _____ No _____ If Yes, can you present the document? Yes _____ No _____
8. If you answered YES to the above question 6, did you receive an honorable discharge? Yes _____ No _____ If No, please explain: _____
9. Have you ever been investigated for sexually abusing or molesting a minor? Yes _____ No _____ If Yes, please explain: _____
10. Have you ever received treatment for alcohol and/or substance abuse? Yes _____ No _____ If Yes, please explain: _____
11. Have you ever been hospitalized for a mental illness/disorder? Yes _____ No _____ If Yes, please explain: _____
12. Have you ever received counseling or treatment for any issues related to pornography? Yes _____ No _____ If Yes, please explain: _____

My signature below indicates (1) that the statements I provided within this document are true and accurate to the best of my knowledge and ability, (2) that I agree to allow EDGE to use my information to conduct a Criminal History Background Check conducted by Background Checks Investigations and (3) that in the event my record changes after the background check, I will inform EDGE immediately. I also agree to live by the understanding that, as a person in authority, it is my responsibility to avoid sexual or inappropriate contact with children/youth in my care, even if one attempts to initiate the contact.

Signature

Date

Please list the counties and states that you have lived in over the past 7 years:



MENTORING

EDGE of York County

Volunteer Reference

Your Name: _____ Date: _____

_____, has applied for volunteer work with our organization. EDGE of York County is a Christian program that connects adults with youth in need of positive role models. The above-named individual is being considered for involvement with one of these youth in a group mentoring that could possibly lead to a one-to-one relationship. Due to the difficult nature of working with youth and possibly at-risk kids, we need a candid recommendation from you. To help us determine whether this person is best suited for this type of volunteer work, we would appreciate you taking the time to answer the questions on this form the best you can. Please be assured that this will be kept in confidence. Complete and email to: info.edgeofyorkcounty@gmail.com or mail to: EDGE, PO Box 1625, Clover, SC 29710

How long have you known the applicant? _____

In what capacity? _____

Does she work well with others? _____

If you were in our position, would you, without hesitation, consider this person to be a volunteer in this capacity? _____

Is there any reason why you would not recommend this applicant for working with a child? If yes, please explain.

To your knowledge, has the applicant ever been arrested? Yes ____ No ____ Comment: _____

To your knowledge, has the applicant ever been accused or convicted of child abuse? Yes ____ No ____
Comments: _____

____ Please call me, I'd like to give some detailed information concerning this applicant.

Signature _____

Date _____



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Signature _____ Date _____



EDGE of York County

Statement of Faith

Our belief is to love the one true God above all else, love yourself, then faithfully love and serve others (Matthew 22:35-40). This guiding principle leads us in our love and passion to serve youth and their families in our community.

The statements that follow are all in alignment with this belief.

- We believe that the Bible is the only, inspired, infallible, and authoritative Word of God.
- We believe that there is one God, eternally existent in three Persons: Father, Son, and Holy Spirit.
- We believe in the Deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious death and atonement through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father and in His personal return in power and glory.
- We believe that people are sinful and lost, saved by faith alone in the Lord Jesus Christ, and regenerated by the Holy Spirit.
- We believe in the continuing ministry of the Holy Spirit, by who's indwelling the Christian is enabled to live a Godly life.
- We believe that salvation is a gift of God's grace through faith in the finished work of Jesus Christ on the cross.
- We believe that good works are results of salvation, not requirements for salvation.
- We believe in the spiritual unity of believers in Christ, and the evidence of that unity being shown by how we love one another.
- We believe in the sanctity of life and that God has ordained all the days of the person's life before they were born.

I have read and am in total agreement with the statement of faith.

Volunteer or Mentor's Name

Date