



**FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **Reach & Rise®**

### **Group Mentoring Mentor Frequently Asked Questions**

#### **WHY WAS THE MENTORING PROGRAM CREATED?**

- To offer over-stressed families a resource to help meet their children's needs.
- To provide youth with positive, growth-inducing relationships with adults through mentoring.
- To make a difference in a child's life.
- To introduce youth to positive adult role models, and facilitate healthy peer relationships

#### **WHAT TYPE OF YOUTH DOES THE GROUP MENTORING PROGRAM SERVE?**

- Youth ages 8-15.
- Youth who could benefit from help with improving self-esteem, decision making, academic success, social skills, building and maintaining healthy peer and family relationships, and feeling a sense of belonging.
- Youth from a wide range of ethnic diversity and socio-economic backgrounds.
- Youth encompassing a variety of family backgrounds: intact families, single-parents, blended families, foster homes, and/or grandparent or other relative-headed families.

#### **HOW ARE YOUTH REFERRED TO THE PROGRAM?**

- From YMCA programs, staff, and communities.
- From school counselors, teachers and principals.
- From community programs, social services, counseling agencies, etc.
- From friends, family, and/or self-referrals.
- All referrals to Reach & Rise go through an application process and an initial telephone and/or face-to-face screening with the Director. This process helps determine whether or not each child is appropriate for the program. Those children assessed to have mental health problems not appropriate for our program will be referred elsewhere. The types of issues not likely to be handled by our mentors include: acute depression, homicidal or suicidal behavior, drug/alcohol dependence, and violent behavior.



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## **WHO ARE THE MENTORS?**

- Volunteers from who wish to make a positive impact on youth.
- Adults ages 21+
- Adults from varied cultural, educational and professional backgrounds.
- Mentors are often recruited within the YMCA membership, community agencies, local corporations, and universities.

## **WHAT IS EXPECTED OF MENTORS?**

- Complete a volunteer mentor application and necessary paperwork.
- Speak with the Director for an initial screening.
- Mentors commit to spending 2 hours once a week co-facilitating mentor group for an 8 or 16 week mentoring group.
- Complete 15+ hours of mentor training (over the course of 4 to 5 weeks) before being matched with a mentee group.
- Pass fingerprint security screening and 4 reference checks before being matched.

## **HOW ARE MENTORS SUPPORTED ONCE THEY'VE COMPLETED THE TRAINING AND HAVE BEEN "MATCHED" WITH A YOUTH?**

- **Reach & Rise®** is committed to on-going training and support for all volunteer mentors. The Director is actively involved in goal-setting and on-going planning with all mentors for their mentees.
- Mentors will need to meet weekly with the Director in person or by phone to review of progress of mentoring group and plan for next week's meeting. Check-ins are a vital part of the program because they provide structure for the mentors as well as on-going training and development of mentoring skills.
- Mentors are expected to submit a weekly attendance sheet and contact record to Directors.
- Individual telephone support is provided on an as needed basis.



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## Reach & Rise® Group Volunteer Job Description

**Objective:** The Reach & Rise mentoring program trains adult volunteers to provide mentoring services to youth ages 8-15. We aim to help youth develop tools to improve self-esteem, decision-making skills, school performance and interpersonal relationships.

**Time Commitment:**

- 15 hours of training
- 8 weeks in Summer or 16 weeks Spring or Fall
- 2 hours each week
- Weekly in person or phone check-in with Director

**Reports To:** Reach & Rise® Director

**Principal Activities:** Developing supportive, consistent mentoring relationship with a group of youth through paraprofessional therapeutic techniques and group activities. Help youth explore and cope with social and/or emotional issues.

**Position Requirements:**

- Must be at least 21 years old when mentoring group begins
- Desire to work with youth
- Must receive fingerprint screening/background clearance
- Commitment to co-facilitate a mentoring group with mentees one time a week for 2 hours for 8 or 16 weeks

**Training and Support:**

Mentors attend 15+ hours of training over the course of approximately 4-5 weeks. The training prepares volunteers for the mentoring relationship, providing information about the program, expectations, basic therapeutic concepts, relationship building, understanding risk factors, mental health issues, how to handle safety issues, and group dynamics. If accepted into the program, mentors are then matched with a co-mentor and up to 6 mentees. Ongoing support will be provided by the Director.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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## Mentor Application

Thank you for your interest in becoming a mentor with the Reach & Rise mentoring program. It is a great way to make a difference in a young person's life. This application is designed to provide information to help us match you with the most appropriate child and your answers will be kept confidential. **For security & safety purposes, all mentor applicants will need to have fingerprints or background checks completed and cleared before being matched with a group.** If you have any questions, please contact the Director.

**Please mail, fax, or email your completed application to:**

Rachel Pazzaglia, MEd  
Clinical Director, Reach & Rise Youth Mentoring  
Butler County Family YMCA  
339 North Washington Street  
Butler, PA 16001  
724.287.4733 ext. 136  
[rpazzaglia@bcfymca.org](mailto:rpazzaglia@bcfymca.org)

**Mentor Information:**

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Personal Gender Pronoun (e.g. Him, Her, Their, etc.): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Best Way to be Contacted:  Home #  Cell #  Work #  Text  Email

Best Times to be Contacted: \_\_\_\_\_

Occupation: \_\_\_\_\_ How Did You Hear About Us? \_\_\_\_\_

**Please Answer the Following Questions:**

Do you have any felony convictions?  YES  NO

Have you ever abused or molested a child?  YES  NO

**Please check the groups you are available and/or interested in volunteering for:**

16 Week Fall Group  16 Week Spring Group  8 Week Summer Group

Do you have any transportation or geographic/location restraints? \_\_\_\_\_

Why do you want to become Group Mentor? \_\_\_\_\_

Do you have any experience working with, volunteering, or spending time with youth? If yes, explain:



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Please describe any **other** volunteer experiences you have: \_\_\_\_\_

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Why do you think youth are referred to mentoring programs? How do you think they would benefit from being in a mentoring group? \_\_\_\_\_

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Do you have any academic pursuits/experience that is related to working with youth? Explain: \_\_\_\_\_

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Do you have any experience being a part of a group or team? Give example: \_\_\_\_\_

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Do you have any experience running or facilitating a group/team? \_\_\_\_\_

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What's your comfort level with leading a group of youth? \_\_\_\_\_

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Who was a mentor for you as a child? What qualities did they have that helped you? \_\_\_\_\_

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Please describe your relationships with your family (e.g. parent(s)/guardian(s), siblings, etc.) both **past & present**. Include how you were disciplined as a youth and by whom. \_\_\_\_\_

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Please describe past and current patterns of drug and alcohol use: \_\_\_\_\_

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What are some of your interests & hobbies? Anything you'd like to share with mentees? \_\_\_\_\_

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Do you have a preference as to the age, race/ethnicity, gender, sexual orientation, special needs, religious beliefs, political affiliation, socioeconomic background, or geographic location of the youth you'd work with? \_\_\_\_\_

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**References:**

The YMCA checks references for all volunteers and the **Reach & Rise®** Mentoring Program requires 2 Personal References & 2 Professional References. The following information is required of all applicants.

**PERSONAL REFERENCES**

NAME	PHONE	E-MAIL	RELATIONSHIP TO YOU?	HOW LONG HAVE YOU KNOWN THIS PERSON?

**PROFESSIONAL REFERENCES**

NAME	PHONE	E-MAIL	RELATIONSHIP TO YOU?	HOW LONG HAVE YOU KNOWN THIS PERSON?

You just finished the first step toward applying to be a mentor & we look forward to getting to know you! Your application will be reviewed by the Director and you will be contacted regarding an interview, training group dates, & additional steps needed to complete the application process. YMCA reserves the right to terminate a volunteer applicant or volunteer at any time if needed.

\_\_\_\_\_  
**Mentor Applicant Signature**

\_\_\_\_\_  
**Date**

**PRIVILEGE AND CONFIDENTIALITY NOTICE:** Please note that the information contained on this document is protected and confidential. This document is intended for use by an authorized employee or agent of the YMCA. Any dissemination, distribution or copying if this document is strictly prohibited. If you have received this document in error, please notify the sender or intended receipt immediately.



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## Reach & Rise® National Code of Conduct Group Mentoring

*The following policies are intended to assist staff and mentors in making decisions about interactions with youth. For clarification of any guideline or to inquire about behaviors not addressed here, contact your Executive Director or Supervisor.*

Please note that this National Code of Conduct for Reach & Rise® mentoring program may include certain exceptions to your Association's Code of Conduct or abuse prevention policies. Please note any differences and attach or add them to this document if needed.

Reach & Rise provides the highest quality services available to our youth. Our commitment is to create an environment for youth that is safe, nurturing, empowering, and which promotes growth and success for the youth who participate in our program. Any type of abuse will not be tolerated and will result in immediate dismissal from the program. Our program will fully cooperate with authorities if allegations of abuse are made and investigated.

The Code of Conduct outlines specific expectations of staff and mentors as we strive to accomplish our mission together.

1. Youth will be treated with respect at all times.
2. Youth will be treated fairly regardless of race, sex, age, or religion.
3. Staff and mentors will not swear or tell off-color jokes.
4. Staff and mentors are prohibited from babysitting, or having contact with youth outside of the regularly scheduled mentorship meetings and activities.
5. Staff and mentors will not discuss their sexual encounters with or around youth or in any way involve youth in their personal problems or issues.
6. Staff and mentors will not date or become romantically involved with youth.
7. Staff and mentors will not use or be under the influence of alcohol or illegal drugs in the presence of youth.
8. Staff and mentors will not have sexually oriented materials, including printed or internet pornography, in the presence of youth and will not have inappropriate information on their public profiles.
9. Staff and mentors will not ask youth to keep any secrets.
10. Staff and mentors will dress conservatively in the appropriate clothing and avoid wearing provocative and revealing attire including midribs, tank tops, halter tops, short shorts, or short skirts.
11. Staff and mentors will not stare at or comment on the youths' bodies
12. Staff and Mentors will not meet mentees outside the group meetings or activities.
13. Staff and mentors will adhere to uniform standards of affection as outlined as follows:



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**Physical Contact**

Our program has implemented a physical contact policy that will promote a positive, nurturing environment while protecting youth and mentors from misunderstandings. The following guidelines are to be carefully followed by all mentors working with youth:

<b><i>Appropriate Physical Interactions</i></b>	<b><i>Inappropriate Physical Interactions</i></b>
Side hugs Shoulder-to-shoulder or "temple" hugs Pats on the shoulder or back Handshakes "High-fives" and hand slapping Verbal praise Touching hands, shoulders, and arms Arms around shoulders Holding hands (with smaller children in escorting situations)	Full frontal hugs Kisses Touching bottom, chest or genital areas Showing affection in isolated areas Touching knees or legs Wrestling Piggyback rides Tickling Allowing a child to cling to a mentor's leg Any type of massage given by or to a youth Any form of affection that is unwanted by youth Compliments that relate to physique or body development

1. Staff and mentors will avoid affection with youth that cannot be observed by others.
2. Staff and mentors will not engage in inappropriate electronic communication with youth.
3. Staff and mentors will meet with group in an approved and designated public location.
4. Staff and mentors shall not abuse youth in any way including the following:
  - Physical abuse: hitting, spanking, slapping, unnecessary restraints.
  - Verbal abuse: degrade, threaten, cursing.
  - Sexual Abuse: inappropriate touch, exposing oneself, sexually oriented conversations.
  - Mental abuse: shaming, humiliation, cruelty.
  - Neglect: withholding food, water, shelter.
5. Youth are prohibited from engaging in the following:
  - Hazing
  - Bullying
  - Derogatory name-calling.
  - Games of truth or dare.
  - Ridicule or humiliation.
6. Staff and mentors will report concerns or complaints about other staff and mentors, other adults, or youth to their supervisor or coordinator.
7. Staff and mentors who work in the program may not have engaged in or been accused or convicted of child abuse, indecency with a child, or injury to a child.
8. Staff and mentors agree to cooperate fully with any investigation of suspected child abuse and failure to do so may be grounds for termination.

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

\_\_\_\_\_  
Date





# BUTLER COUNTY FAMILY YMCA

## Reach & Rise® Volunteer Packet

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for volunteering for the Reach & Rise® Youth Mentoring program with the Butler County Family YMCA. Volunteers have been at the heart of the organization since its founding.

As a volunteer, your contributions, dedication and commitment are vital to our growth. Each volunteer opportunity, although different, contributes an important part to the organization as a whole. Our commitment to you includes the following:

- Volunteer mentors will be given a clear idea of the tasks they are being asked to perform and of the responsibility which goes with those tasks.
- Volunteer mentors will be told who is responsible for their support and supervision and they will have regular access to this person.

As a YMCA, responsible for the welfare of children, it is important that our volunteers complete a list of requirements prior to their service. Volunteer mentors will submit the following to the Reach & Rise® Director:

- Reach & Rise® Application
- Volunteer Disclosure Statement
- PA State Police Certification  
Register online at <https://epatch.state.pa.us>. There is no cost for volunteers. **Print response certificate and return at your scheduled meeting.\*\*Can submit certification from previous volunteer organization as long as the certifications were obtained within the previous 60 months.**
- PA Child Abuse History Certification  
Register online at <https://www.compass.state.pa.us/CWIS>. There is no cost for volunteers. **Print response certificate and return at your scheduled meeting. \*\*Can submit certification from previous volunteer organization as long as the certifications were obtained within the previous 60 months.**
- FBI Fingerprint Certification  
The application cost will be reimbursed by the Butler County Family YMCA after submitting the certification to the Director. *Reimbursement will only be approved for purposes of becoming a Butler County Family YMCA volunteer; receipt must be dated within 30 days of your Butler County Family YMCA Volunteer application. **\*INSTRUCTIONS FOR REGISTERING ARE ON 2<sup>ND</sup> PAGE\****
- Mandated Reporter Training  
Register online at <https://www.reportabusepa.pitt.edu>. You will then be emailed your username, password and the link for the course. **Print out your certificate of completion and bring it with you to your scheduled meeting.**
- Received and read the YMCA Code of Conduct. \_\_\_\_\_ **(initial and keep copy)**
- Received and read the Child Abuse Reporting Procedures. \_\_\_\_\_ **(initial and keep copy)**

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**Instructions for Registering and Applying for your FBI Fingerprint Clearance:**

The fingerprint-based background check is a multiple-step process:

- Register online at [www.Identogo.com](http://www.Identogo.com)
- Search for 'Services by State' and drop down to Pennsylvania, hit GO.
- Look toward the bottom left of the screen and Click on 'Digital Fingerprinting'.
- You will the need to enter a service code which is: **1KG6ZJ**
- **Click on Scheduling or Managing Appointment**
- Complete the application.
- During the application process you will enter your zip code to find the nearest fingerprinting location. During this process, you will select a time and date to have your finger prints done.
- Print a copy of the registration form.
- Take the Registration Form and a photo ID to a fingerprint site to be fingerprinted.
- The fee for the FBI Fingerprint clearance is \$22.60 and is payable at the fingerprint location. This must be paid by credit card or cashier's check so please arrive prepared.
- **Submit the Application Registration Form and the receipt from the Fingerprint Site to the Reach & Rise® Director.**

Approved by: \_\_\_\_\_  
Department Supervisor



# Child Abuse Reporting Responsibilities

## Child Abuse Reporting Responsibilities

As a volunteer for the Butler County Family YMCA, responsible for the welfare of children, you have an absolute duty and are mandated by law to report any suspicion of child abuse, molestation, or sexual misconduct to the appropriate authorities.

Pennsylvania law states, "Any person who, in the course of their employment, occupation, or practice of their profession comes into contact with children shall report, or cause a report to be made, in accordance with Section 6 when they have reason to believe on the basis of their medical, professional, or other training and experience, that a child coming before them in their profession or official capacity is a victim of child abuse."

The Butler County Family YMCA expects direct compliance with the Child Protective Services Act through the following procedures:

1. Mandated reporters who have reason to suspect that a child is a victim of abuse **must themselves make an immediate and direct Report to ChildLine (1-800-932-0313)**.
2. After reporting to ChildLine, the mandated reporter must then notify their direct supervisor and/or the YMCA Executive Director.
3. The Human Resources Director will facilitate the cooperation of the association with any investigation of the report.
4. In the event that the reported incident involves a staff member or volunteer, the President/CEO will authorize the suspension of the employee or volunteer from the YMCA.
5. Reinstatement of a volunteer or staff member may occur only after allegations have been cleared to the satisfaction of the President/CEO.
6. Confidentiality will be maintained. Discussion regarding the incident will involve only the persons who have received reports and the appropriate authorities.
7. Volunteers may not contact children or parents involved in an alleged child abuse incident without permission of the YMCA President/CEO.

The law imposes penalties if any person attempts to intimidate, retaliate or obstruct an individual from reporting suspected child abuse.

No more than one report to ChildLine of an incident is required from the association.

## Failure to Report

1. A mandated reporter who willfully fails to make a report of suspected child abuse could face legal penalties, including fines and/or incarceration.
2. These penalties increase with repeated violations.



# BUTLER COUNTY FAMILY YMCA

## VOLUNTEER DISCLOSURE STATEMENT

Required by Child Protective Services Law 23 Pa. C.S. Section 6344.2  
(relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and:

**AM NOT** required to obtain a (FBI) certification through the Federal Bureau of Investigation, as:

- the position I am applying for is unpaid; and
- is not required for this position.

**AM** required to obtain a (FBI) certification through the Federal Bureau of Investigation, as:

- the position I am applying for is unpaid; **and**
- is required for this position.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709	(related to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(related to sexual assault)
Section 3125	(related to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(related to incest)
Section 4303	(relating to concealing death of a child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902 (b) Felony	(relating to prostitution and related offenses)
Section 5903 (c) (d)	(relating to obscene and other sexual materials and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children) or an equivalent crime under Federal law or the law of another state.

I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of clearances shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my clearances.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

_____	_____	_____
Volunteer Name	Signature	Date
_____	_____	_____
Witness Name	Signature	Date