



So you want to be a mentor with Linked Mentoring?

Thank you for your interest in supporting LGBTQ+ youth, and helping to build LGBTQ+ community. We are very excited to get to know you and learn more about why you want to be a mentor! To begin our screening process, we ask that you fill out the attached three documents: the Mentor Application, a CORI Form for a background check, and the Mentor Agreements form, and send them back to us with a copy of a photo ID (license, passport, state ID, etc). We will then be in touch with next steps as soon as possible.

If you have any questions or need clarification/accommodations, please email us at mentoring@gsalink.org!

Mission Statement

The mission of the Linked Mentoring Program is to help to develop trusting, supportive, and mutually positive connections between LGBTQ+ youth and adults. The youth who participate in the Linked Mentoring Program's voices, wants, and needs will be centered, as we encourage our mentors and mentees to have an active and integral role in steering and shaping this program.

Vision Statement

The Linked Mentoring Program envisions a community in which every youth experiences nurturing one-to-one relationships and community support, through co-creating brave spaces where adults and youth can support and empower each other to be their most authentic selves.



Linked Mentoring Application

Thank you so much for your interest in becoming a mentor! Please fill out the form below. This form will only be viewed by program staff, and will be used to get to know you, and hopefully, match you with a mentee according to their requests.

Name: _____ Date: _____

Pronouns: _____

Contact Information

Cell Phone #: _____ Email: _____

Address (City/State/Zip Code): _____

References (please provide name, phone number, email and relationship for each reference)

Reference #1: _____

Reference #2: _____

Questions

1. Why do you want to be a mentor?

2. What are the qualities you possess that would make you a good fit for this position?

3. What do you anticipate as some challenges or barriers you may face in being a mentor?



4. What past experiences have you had with mentoring, youth work, or anything you feel is related to this program? (i.e. work experiences, volunteering, courses you've taken, workshops, informal experiences, etc.)

5. What are some of your interests and/or hobbies?

6. Is there anything else we should know? (We will ask for information about your identities later in the process.)

7. How did you hear about GSA Link/Linked Mentoring?

In filling out this application, you understand that **you are committing to the following, if selected:**

- Meeting virtually once per week for one hour with your mentee for the duration of one year
- Communicating promptly with program staff for regular match check-ins
- Completing our required training programming
- If you are unable to fulfill these commitments for any reason, participating in a match closure process

Mentoring is a large commitment and a very important responsibility. While we as program staff do our best to create effective and dynamic matches, there is no perfect science to this process. In signing up for Linked Mentoring to become a mentor to a young person, you acknowledge that these relationships take time and intention to form. Further, you are appreciating the impact you may have on a young person, and take that seriously.



By signing below, you also attest to the truthfulness of all information given on this application. You agree to let our program confirm all information you provided with references, and to conduct a federal and state criminal records background check.

You hereby authorize Linked Mentoring to therefore obtain information pertaining to any charges and/or convictions you may have had for violation of municipal, county, state, or federal laws.

Finally, you understand that we have the right to refuse anyone's participation for any reason. The decision to accept an applicant into the program will be based upon a final assessment done by program staff at the completion of the mentor screening procedure. No reason will be provided to mentor applicants rejected from participation in the program. Thank you once again for your interest in supporting LGBTQ+ youth, and we hope to be in further contact with you soon.

Printed Name

Date

Signature



**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGMENT FORM**

The Office of the Secretary of the Commonwealth, Securities Division is registered under the provisions of MASS. GEN. LAWS c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the Massachusetts DCJIS ("Department of Criminal Justice Information Services"). I hereby acknowledge and provide permission to the Office of the Secretary of the Commonwealth, Securities Division to submit a CORI check for my information to the DCJIS. This authorization is valid for one (1) year from the date of my signature. I may withdraw this authorization at any time by providing the Office of the Secretary of the Commonwealth, Securities Division written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Office of the Secretary of the Commonwealth, Securities Division may conduct subsequent CORI checks within one (1) year of the date this Form was signed by me provided, however, that The Office of the Secretary of the Commonwealth, Securities Division must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date



** Note, we only need you to include the information with stars next to it/highlighted. Please use the name that appears on your legal documents, even though we acknowledge this is not always the correct name. This is the only time we will ever ask for this, and will not share it with anyone else. We appreciate your patience.*

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SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

* Last Name	* First Name	Middle Name	Suffix
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Maiden Name (or other name(s) by which you have been known)

Former Last Name 1: _____

Former Last Name 2: _____

* Date of Birth: _____ Place of Birth: _____

* Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ft. _____ in. _____ Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name

Father's Full Name

Current and Former Addresses:

Street Number & Name	City/Town	State	Zip
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Street Number & Name	City/Town	State	Zip
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The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Name of Person Verifying (Please Print) Signature of Verifying Person



Linked Mentoring Agreements

By choosing to participate in the Linked Mentoring Program, I agree to:

- Follow all guidelines outlined by the program staff, mentor training, program policies, and this contract (/and ask a member of the program staff to clarify any of these policies or guidelines if necessary)

- Complete the screening process accurately and fully

- Commit to a one year long relationship, making contact with my mentee on a weekly basis (about four hours per month)

- Be flexible and make my best attempts to provide the necessary support and advice to help my mentee succeed

- Have a positive attitude and be respectful of my mentee

- Keep any information that my mentee tells me confidential except that which may cause them or others harm

- Communicate biweekly with a mentor coordinator to discuss match progress

- Notify program staff should I have questions, need help with match, have suggestions to the program, or have changes in contact information

- Participate in a closure process when that time comes

- Attend in-service mentor training sessions

I understand that upon match closure, future contact with my mentee is beyond the scope of the Linked Mentoring Program and may happen only by mutual consensus of the mentor and the mentee.

I agree to follow all the above guidelines of this program.

Printed Name

Date

Signature

