

INTERSECTION TO CARE (ITC) MENTORSHIP PROJECT

Thank you for your interest in the ITC Project. As you read further, you will understand that the role of Mentor is a vital one in helping people make transformational change! The Intersection to Care Project attempts to disrupt the desperate life circumstances that can lead to involvement in trafficking for those discharging from detention. It is not unusual for traffickers to be the primary source of support for those who walk out the doors of Shawnee County Adult Detention Center (SCADC). The ITC Project intends to give program participants another option. By creating safety and connection, the Mentor gives the participant hope for the future, a realistic vision for a different life, and access to support to accomplish this transformation.

Mentors are used primarily to build a connection with the participant, provide ongoing emotional support and face-to-face engagement to enhance the participant's ability to live comfortably and without entrapment into the trafficking world. The mentor will work with the participant and the ITC Liaison to link the participant with needed resources in the community such as housing, medical care, legal advice, financial assistance, employment information, etc.

In order to be an ITC Mentor, interested persons must first complete an application form. All prospective Mentors will be screened using the volunteer application and interviews with the Liaison and/or CAAHT members.

The criteria for accepting mentors are:

1. Emotional maturity
2. Sensitivity to abuse victims
3. Non-judgmental attitude
4. Willingness to learn about victimization, trauma, and trafficking
5. Pass appropriate background checks required by SCADC
6. Commitment to the ITC project

In a nutshell, ITC Mentors will:

1. Accept the responsibility to assist a project participant
2. Establish realistic goals for themselves and the participant
3. Make use of and expand the resources available

Mentorship is serious business. Because we are impacting the very lives of those we serve, mentors must consider their responsibilities seriously. Mentors can be dismissed for any of the following:

1. Not meeting with the participant, the minimum of 2 times each month
2. Breach of confidentiality
3. Breach of any of the Guidelines for Mentors noted below:

GUIDELINES FOR ITC MENTORS

1. Mentors must complete all preparatory training required by ITC prior to having direct contact with participants.
2. Mentors having direct contact with participants must have knowledge of community resources and how to contact those resources.
3. Mentors may be asked to provide transportation to participants and their dependents to and from community facilities and resources, i.e., the homeless shelter, hospital, pharmacy, or supportive family or friend within Shawnee County. If further mileage is necessary for their safety or needs, the volunteer must contact the Liaison.
4. Mentors will not provide money, gifts, or financial assistance to participants. The only exception to this is providing a cup of coffee or meal when meeting with a participant.
5. Mentors may go to the home of participant only after visit has been approved by ITC staff.
6. Mentors will not go to any residence where a known trafficker resides or is known to be.
7. When elements of danger exist or may exist, mentors should contact law enforcement.
8. Mentors who transport participants must have adequate liability insurance and a valid driver's license. ITC project will have no liability for any damage to your personal vehicle.
9. Private access by participants to vehicles owned by mentors is prohibited.
10. Mentors may not interpret, assume, or suggest legal remedies. Instead, mentors will inform participants of known legal referral options.
11. Mentors who know of or suspect child abuse in a family that the mentor is working with must report that abuse to the ITC Liaison immediately. If the Liaison is unavailable immediately, the volunteer must report the suspected child abuse to the Kansas Protection Report Center at 1-800-922-5330. For more information about making a report, go to <http://www.dcf.ks.gov/services/pps/pages/kips/kipswebintake.aspx>. In case of an emergency, call 911.
12. Mentors will not restrain, restrict, or otherwise prohibit a participant from contacting their trafficker; however, a mentor will not provide transportation for a participant to meet with the alleged abuser.
13. Mentors will not restrain, restrict, or otherwise prohibit a participant at any time or circumstance.
14. Mentors will not be under the influence of alcohol and/or other drugs while interacting with a participant or performing other mentor duties.
15. Mentors will notify the ITC Liaison of any medical condition or medication that could impair their ability to perform any mentor expectation.
16. Mentors will provide services in a professional and ethical nonjudgmental manner, respecting confidentiality.
17. Mentors will follow SCADC dress code while there, and the dress code below at all times.

MENTOR DRESS CODE

- Business casual attire.
- Sweatshirts and t-shirts are permitted, if plain, store name brand, or university apparel. Vulgar language, bands, or religious shirts etc. are not permitted.
- No visible undergarments, cleavage, or bare midriffs.

Remember you are representing the ITC project. Always be conservative in dress and professional.

Intersection to Care (ITC) Mentor Application

All information contained on this form will be handled in a confidential manner

Last Name: _____ First Name _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer (if applicable): _____

Work Address: _____

Work Phone: _____

1. What have you experienced that could help you in volunteering for the ITC Project? (Past volunteer, personal experience, or education)
2. Why are you interested in volunteering for the ITC mentorship project?
3. Other information that will help us make a good match? (General interests, hobbies, skills, etc.)
4. Languages spoken:
5. How did you learn about this project?
6. How much time are you willing to donate to this project per month?
7. If you are accepted as a mentor, are you able to make a commitment to be a mentor for a minimum of 1 year?

8. When are you available? (Please indicate am or pm)
Mon: _____ Tue: _____ Wed: _____ Thu: _____ Fri: _____ Sat: _____ Sun: _____
No Preference: _____
9. Do you have your own transportation? _____ Valid Driver's License? _____
Do you have automobile liability insurance? _____
10. In case of an emergency, who should ITC contact:
Name: _____
Phone: _____
Relationship: _____
11. Is there anything in your life that we need to be aware of that could affect your volunteer work?
12. Please describe any volunteer work that you have done in the past or are currently doing, including where, what, and when.

I understand that completion of this application does NOT mean that I am accepted as a mentor. I also understand that admission into any related educational class does not create acceptance as a mentor.

If accepted; I agree to abide by all ITC policies, rules, and regulations regarding appropriate behavior and professional conduct. I understand that ITC may make appropriate inquiries with the Kansas Bureau of Investigation and other governmental or law enforcement agencies regarding my history of convictions for crimes involving violence or exploitation of others. I understand that the inclusion of any false or misleading information on the application form will result in my dismissal as a mentor of ITC.

I understand that I will be volunteering at my own risk and that the organization, its employees, and affiliates, cannot assume any responsibility for any liability for any accident, injury, or health problem which may arise from any volunteer work I perform for the project. I agree that all the work I do is on a volunteer basis, and I will not be paid or reimbursed for time, mileage, and/or expenses.

I certify that the above information is correct and give my permission to the ITC to share this information with appropriate agency personnel. I understand there are screenings, orientation and training procedures involved in this volunteer work and I am willing to participate in these.

Signature: _____ Date: _____

Please return this form to: Melissa Goodman at mgoodman@mirrorinc.org or call 785-250-5961

ITC Project / CAAHT Rotary Club / Volunteer Driver Pledge

As a volunteer for this Rotary club / project, I understand that my safety and the safety of others is paramount. I understand that driving as a volunteer is a privilege, not a right, and therefore, I agree to:

1. Provide evidence of my status as a licensed driver.
2. Comply with all club and project policies and procedures.
3. Comply with all laws and regulations concerning driving, including laws pertaining to the use of seat belts, child safety seats, cell phone use, and speed limits.
4. Promptly notify the club of any physical conditions, vehicle defects, or road conditions that might affect my safety or the safety of those I am driving.
5. Notify the club of any traffic citations I receive—even if given while driving on my personal time.
6. Attend driver training at the request of the club.

And, if involved in an accident, I agree to complete an Incident Report form and to cooperate with the club, police, and Rotary International's Risk Management, insurer, its insurance adjusters, and attorneys.

I pledge that if I drive my own vehicle on behalf of the club or club projects, I will maintain adequate personal auto insurance. I also understand that as a volunteer driver, my personal auto insurance will be activated for any accidents or incidents that involve my vehicle, including those that occur while I am serving as a volunteer driver for the club. **I understand that damage to my vehicle would be paid for by me or my insurance.**

Signature _____

Printed Name _____

Date _____

****Please attach a copy of your valid drivers license and proof of insurance with your application.**