



Providing Hope and Healing

Dessyré of Hope's *Becoming Mentoring Program* serves youth ages 12–18 in Jasper County by providing guidance, encouragement, and positive relationships that help participants build confidence, strengthen decision-making skills, develop healthy relationships, and prepare for successful futures.

Mentors serve as trusted adult role models who support youth through structured small-group mentoring, goal setting, and personal growth activities. Volunteers commit to two 2-hour sessions per month during the 32-week program year and receive training and ongoing support.

To ensure participant safety, mentors must be at least 18 years old, complete an application, pass a background check, provide two references, and complete required training in mentoring, youth safety, mandated reporting, and trauma-informed practices.

Youth Leadership Mentors (high school students) may also serve alongside adult mentors, developing leadership skills while earning community service hours.

By volunteering, you can help empower youth, strengthen families, and create lasting impact within our community.

Ready to make a difference? Complete the application below to get started.

Becoming Mentor Application Form

Name: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact:

Phone Email Text

Best time to contact you: _____

Gender (check one): Male Female Age: _____

Occupation: _____

B. Mentor Availability

1. How much time per month can you commit to mentoring?

- 2 hours once a month
- 2 hours — twice a month (alternating weeks)
- 2 hours — 3 or 4 times per month

2. Which days of the week are you available? _____

Time of day: _____

3. Are you available on Saturdays? _____ Sundays? _____

If yes, what time works best for you? _____

C. Mentoring Preferences

Do you prefer working with a specific age group?

- Ages 12–15
- Ages 16–18
- No preference

D. Skills & Experience

1. What skills, experiences, or knowledge would you like to share with mentees?

2. Describe your previous mentoring or related experience and how it connects to Dessyré of Hope's vision and mission:

E. Motivation & Commitment

1. What motivated you to become a mentor?

2. What would make your time with a mentee most meaningful?

3. Explain how we can help you stay committed to this role for at least one school year.

F. Anticipated Challenges & Support

1. What challenges do you anticipate as a mentor?

2. What support or training would you need to be successful?

G. References

A background check and two references are required.

(The background check will be required after you have been accepted as a mentor.)

PLEASE DO NOT LIST RELATIVES OR FRIENDS.

Reference 1

Name _____

Phone _____

Relationship _____

How long have you known them? _____

Reference 2

Name _____

Phone _____

Relationship _____

How long have you known them? _____

I authorize Dessyré of Hope to conduct a criminal background check and reference verification as part of the mentor screening process.

Signature: _____

Date: _____

H. Training Requirements

To ensure youth safety and ethical practice, individuals working directly with youth must complete: **Empowered to Mentor: Youth Mentor Training Workshop:**

- Research-based mentoring practices, real-world scenarios,
- hands-on skill building to ensure mentors are fully prepared to support youth social-emotional development, academic engagement, and positive decision-making.

Completion of this course is mandatory.

In-person training dates will be announced. Saturday sessions may be available.

Estimated Training Duration: 4 hours

Do you agree to complete the required training? Yes No

I. Criminal History Disclosure

Have you ever been convicted of a crime? Yes No

Volunteers may complete the background check application using the following link:

[Volunteer Background Check Portal](#)

The application may also be accessed through the district website under the Public Information Office:

[JCSD Volunteer Information Page](#)

Once all required documents have been submitted, a member of our office will receive a notification to review the application for approval or denial. Each volunteer will then receive an email notification regarding their approval status.

Please let us know if you have any questions or need additional assistance.

If yes, please explain:

Have you ever been asked to leave a position involving youth? Yes No

If yes, explain:

J. Youth Protection Compliance Statement

I understand that I am a mandated reporter and agree to follow all youth safety and reporting policies established by Dessyré of Hope. Yes No

Confidentiality Agreement

I agree to maintain confidentiality regarding all mentee information.

Signature: _____

Date: _____

K. Emergency Contact

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Thank You

We appreciate your interest in serving as a mentor with Dessyré of Hope. Your willingness to invest time, leadership, and guidance supports hope, healing, and brighter futures for the youth of Jasper County.

Providing Hope & Healing. Empowering the Next Generation.

Please submit the application to the mailing or email address below. If you have any questions, concerns, or suggestions, please contact:

Jacqueline Murray.

Executive Director

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<https://dessyre-ofhope.org/>