



## **BUDDY TO BUDDY VETERAN MENTORSHIP PROGRAM**

The Buddy to Buddy Veteran Mentorship Program provides support and connection to resources for all Michigan service members and veterans by utilizing trained, veteran volunteers. The program is free, confidential, and open to any individual who served, regardless of time served or discharge.

Our veteran mentors, or Buddies, are paired with veterans and service members in need, ideally from their own counties or nearby, since Buddies are expected to be knowledgeable of not only federal and state benefits but local offerings as well. The relationship should never be transactional: providing support as a peer is the foundation of the program, even if a wide array of more material and tangible needs are presented. Buddies are also trained in and expected to demonstrate excellent communication skills. There is never a “one and done” with the program, as the mentors are expected to follow-up with their veterans/ service members at least once to see how resources provided worked out, or to do a general check-in. Interactions with veterans must be documented and reviewed by a staff member, both for accountability and quality assurance.

Our veteran mentors do not take the place of existing resources; rather, they draw on their existing knowledge and the resource guide provided by the program to connect veterans to these benefits and services. Buddies provide “warm hand-offs” by calling the resources first, ensuring ability to assist, and ideally obtaining a point-of-contact.

Buddies are provided with training that gives an overview of the program, communication strategies, veteran benefits, and how to handle mental health emergencies. While rare, both veterans and the program must have a clear understanding of what to do when a veteran is having a mental health emergency and what “red flags” to look for. The process must be codified by the program. Bi-weekly support calls with staff, including guest speakers and case studies, are needed to keep Buddies proficient.

Veteran mentors can be assigned referrals through the Michigan Veteran Resource Service Center, online submissions, or through their work in the community. Buddies have traditionally been allowed access to Michigan National Guard armories to take concerns directly from the soldiers there. Returning veteran mentors should be asked about their past involvement and possible continued interest in operation in the armories.

Referrals are considered concluded when veteran concerns are addressed and the communication naturally tapers off. Some veterans and mentors maintain communication and develop a friendship long after initial concerns are resolved.

Buddy Coordinators are leadership mentors assigned regionally according to Michigan's prosperity regions. They provide mentorship and support to Buddies in their respective regions. They have traditionally been paid a monthly stipend. Buddies look to them first for leadership and advice on handling complex referrals. Staff are the next line of support for mentors and team leaders. Team leaders should be carefully cultivated and meet at least quarterly with staff.



## **BUDDY TO BUDDY VETERAN MENTORSHIP PROGRAM**

### **POSITION DESCRIPTION**

#### **POSITION OVERVIEW:**

Provides mentorship and resource linkage to Michigan's service members, veterans, and their family members.

#### **RESPONSIBILITIES:**

- Provides support to service members, veterans, and their family members as needed.
- Attends local events to promote awareness of the Michigan Veterans Affairs Agency, assist local veterans, recruit new volunteers, and network with service providers.
- Becomes familiar with local, state, and federal resources that service members and veterans might need; stays abreast of new resources and links them to the Michigan Veterans Resource Service Center.
- Refers service members and veterans to viable resources in their communities based upon needs.
- Participates in special events such as National Guard Reintegration Weekends on an as needed basis to increase community and military awareness of the program.
- Follows up with service members and veterans and ensures that they have followed through and are satisfied.
- Maintains confidentiality.
- Provides follow-up contact to ensure continued support of referred service members.
- Participates in bi-weekly volunteer support calls.
- Stays within the defined scope of the program, which includes not acting as a therapist or counselor, but serving as a resources expert who can link service members and veterans to needed services.
- Communicates regularly with program staff.
- Completes monthly reporting requirements.
- Ensures that there is a "warm" hand off between the service member/veteran and the resource to which they are being referred.
- Attends drill weekends with assigned Unit or performs community outreach.

#### **QUALIFICATIONS:**

- Honorably discharged veteran from any era with insight about challenges veterans and service members face.
- Able to work independently.
- Can engage with and motivate people from diverse backgrounds.
- Outgoing, approachable, and has good communication skills.
- Basic computer skills and willingness to communicate through email.

# BUDDY TO BUDDY VETERAN MENTORSHIP PROGRAM APPLICATION

Thank you for your service and your interest in supporting your fellow veterans and those still serving through the Michigan Veterans Affairs Agency's (MVAA) Buddy to Buddy Veteran Mentorship Program. If selected as a veteran mentor, you will be required to pass a background check and submit a DD214 for proof of military service. For more information, call 1-800-MICH-VET (1-800-642-4838).

Please send your completed application by email to [MVAA-B2B@michigan.gov](mailto:MVAA-B2B@michigan.gov) or by mail to:

Michigan Veterans Affairs Agency  
3423 N. Martin Luther King Jr. Blvd. (Bldg 32)  
Lansing, MI 48906

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**VOLUNTEER NAME**

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**TODAY'S DATE**

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**ADDRESS**

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**COUNTY**

---

**CITY & STATE**

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**ZIP CODE**

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**EMAIL ADDRESS**

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**PHONE NUMBER**

**ARE YOU A VETERAN?**                      **YES**                      **NO**    *(Volunteers must be honorably discharged veterans)*

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**EMERGENCY CONTACT NAME**

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**RELATIONSHIP**

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**PHONE NUMBER**

**REFERENCES:** Please list two (2) references. Include their complete phone number - (xxx) xxx-xxxx

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**FULL NAME OF FIRST REFERENCE**

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**PHONE NUMBER**

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**FULL NAME OF SECOND REFERENCE**

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**PHONE NUMBER**

# BUDDY TO BUDDY VETERAN MENTOR MEMORANDUM OF UNDERSTANDING

The Michigan Veterans Affairs Agency welcomes your participation in the Buddy to Buddy Veteran Mentorship Program. The program helps address challenges service members and veterans face by providing mentorship and linkage to needed resources such as help obtaining benefits, finding employment or finding a mental health provider. We appreciate your commitment to serve as a veteran mentor in this program.

## **YOUR RESPONSIBILITIES IN THE BUDDY TO BUDDY VETERAN MENTORSHIP PROGRAM ARE THE FOLLOWING:**

1. Participate in new volunteer training.
2. Commit to volunteering with the program for a minimum of one year.
3. Become familiar with local, state, and federal resources that service members might need; stay abreast of new resources and link them to the Michigan Veterans Resource Service Center.
4. Participate in two volunteer support calls per month.
5. Spend time with assigned Unit during its Drill Weekend: one day per month (or part of the day, depending on preferences of Unit Commanding Officer or NCO) (if applicable).
6. Log all activities on the respective reporting forms.
7. Follow up with contacts on an as need basis.
8. Maintain confidentiality of all contacts.
9. Call 9-1-1 in emergency situations.
10. Stay within the defined scope of the program, which includes not acting as a therapist or counselor, but serving as a resources expert who can link service members and veterans to needed services.
11. Communicate regularly with MVAA staff.
12. Remember your status as a veteran mentor when engaging in social media, blogs, wikis, and other online channels. Disrespectful or negative comments about the program or our partners; racial, ethnic, sexual, religious, and physical disability slurs; or sensitive program information should not be posted.

## **THE BUDDY TO BUDDY VETERAN MENTORSHIP PROGRAM WILL SUPPORT YOUR VOLUNTEER WORK BY:**

1. Providing support through the Michigan Veterans Resource Service Center.
2. Providing support calls bi-weekly.
3. Providing guidance on your work in the program.
4. Providing suggestions on resources for specific situations that might arise.

I agree to fulfill my responsibilities as a volunteer in the Buddy to Buddy Veteran Mentorship Program as set out above. I understand and agree to abide by all program policies and procedures. I understand that if I do not adhere to program guidelines and fulfill my responsibilities, I will be removed from the program.

I understand that I am a volunteer and that I am not employed by the Michigan Veterans Affairs Agency in any capacity. I understand that MVAA does not provide me with coverage for claims made against me for personal liability while participating in the Buddy to Buddy Veteran Mentorship Program.

I have read and understand this document. All of my questions have been answered.

**PRINT NAME (FIRST, M.I., LAST):**

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**SIGNATURE:**

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**DATE:**

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# BUDDY TO BUDDY CODE OF CONDUCT

As a contractor or volunteer for the MVAA Buddy to Buddy Program I, \_\_\_\_\_  
(Print: First Name, MI, Last Name), am committed to the following (please initial each box):

## PERSONAL RESPONSIBILITY:

- Be dependable, recognizing the commitment and responsibility to my assignment(s).
- Avoid conflict of interest situations and refrain from actions that may be perceived as such. Employees or volunteers should reveal any potential or actual conflicts of interest as they arise.
- Not accept tips, gifts or otherwise accept payment for my work with the Michigan Veterans Affairs Agency unless outlined specifically in an employment contract, which is kept on file.
- Not enter into any financial or barter transaction with any service member, veteran, or their family members, or with anyone acting on behalf of any service member, veteran, or their family members.
- Address ethical concerns by speaking directly with a colleague or the responder with whom I have the concern, and when necessary or required by law or regulation, report such to my supervisor or appropriate leadership within MVAA.

## RESPECT:

- Conduct myself in a calm and respectful manner.
- Treat all individuals with a sense of dignity, respect, and worth. Make a personal commitment to be nonjudgmental about cultural differences, living conditions, and the lifestyle of each person with whom I interact.
- Avoid using profane or abusive language or engaging in any disruptive behavior that is dangerous to self or others, or which demonstrates a lack of respect toward anyone.
- Follow all guidelines of MVAA's Social Media Policy.
- Respect all confidential information.
- Comply with all HIPAA laws and regulations and confidentiality information addressed in the HIPAA, confidentiality, and social media policies.
- Respect that each person is entitled to his or her own individual belief systems, and not pressure anyone to accept my personal beliefs.
- Speak in a respectful manner and tone regarding MVAA and all entities that impact the MVAA. I acknowledge that I may not always agree with rules, policies, or governing laws, but the members and staff of MVAA are not be used as an outlet for my own opinions.
- Respect and use all equipment appropriately and as required for my assignment, and abstain from the use of MVAA's equipment or resources for personal use.

# BUDDY TO BUDDY CODE OF CONDUCT CONT'D

## SAFETY:

- Not use, possess, or be under the influence of alcohol or illegal drugs at any time while providing services for the MVAA.
- Not provide illegal drugs, alcohol, or any other illegal or illicit substances or material to anyone.
- Wear appropriate clothing. All items of clothing must be suitable for the work environment and should not contain offensive or objectionable material (slogans or graphics).
- Follow safe workplace practices, which includes participating in applicable education sessions and reporting accidents, injuries, and unsafe situations.

## CERTIFICATION:

As a volunteer for the Michigan Veterans Affairs Agency, I acknowledge by signing below that the following are true (please initial each box):

- I have read, understand, and agree to follow the Michigan Veterans Affairs Agency's Code of Conduct.
- I recognize that I have a responsibility to adhere to the code of conduct policies set by the MVAA and the rules and procedures of the agency. Failure to do so will result in no longer participating as volunteer for MVAA and any other consequences as required by law, regulation or policy.

**PRINT NAME (FIRST, M.I., LAST):**

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**SIGNATURE:**

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**DATE:**

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# VOLUNTEER BACKGROUND CHECKS

## CONSENT

As a condition of being considered for employment as a volunteer:

- I hereby consent to and authorize the MVAA to conduct a background check that includes a search of state and federal abuse and neglect registries and databases, in addition to a search of the state and federal criminal history records that include a fingerprint-based check. I understand that this consent extends to the release and sharing of such information with the Michigan Departments of Community Health, Human Services, Corrections and State Police.
- I hereby authorize the release of any relevant information to the MVAA to be used to conduct the background check as required under Michigan Public Acts 27, 28, and 29 of 2006.

## DISCLOSURE

- Pursuant Public Act 26,27, 28, and 29 or 2006 I agree that as a condition of volunteering, I will immediately report to the MVAA any arraignment or conviction of a misdemeanor or felony.
- I also agree to immediately report whether I become the subject of an order or disposition finding of not guilty by reason of insanity.
- I further agree to immediately report being the subject of a substantial finding of neglect, abuse, or misappropriation of property by a state or federal agency pursuant to an investigation conducted in relation to a skilled nursing facility.

## CONDITIONAL VOLUNTEER AGREEMENT

If the MVAA determines it necessary to employ a volunteer pending the results of the state and federal criminal history background check, I understand the following:

- If the background check does not confirm my disclosure statement made above, my volunteer status will be terminated for good cause, unless and until I successfully prove that the disqualifying information is inaccurate, expunged or set aside.
- Volunteers will provide current personal information, such as address and telephone number, and notify MVAA of changes as they arise.

## APPLICANT RIGHTS

- I understand that upon my request, the MVAA must provide a copy of any disqualifying record information found on any of the relevant registries or address.
- I understand that if I believe the result of any disqualifying record information found on any relevant registry or database is inaccurate, that it is my responsibility to correct the record information by directly contacting the appropriate registry/database owner.
- I understand that if I believe the results of the criminal history fingerprint record is inaccurate, or if the conviction contained in the criminal history records is one that may be expunged or set aside, I may file an appeal.

# BACKGROUND INFORMATION

FIRST NAME:

MIDDLE NAME:

LAST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

HOME PHONE NUMBER:

ALTERNATE PHONE NUMBER:

DRIVER'S LICENSE OR

STATE/CANADIAN ID NUMBER:

U.S. PASSPORT NUMBER

(IF NO DRIVER'S LICENSE):

DATE OF BIRTH:

RACE:

GENDER:

**NOTE:** Any information obtained through this application will not be shared with anyone outside this facility unless permission is granted by the applicant.

## CRIMES WHICH PROHIBITS VOLUNTEERING

- Felony: Any felony, attempted felony, or conspiracy to commit any felony
- Misdemeanor: A misdemeanor involving:
  - Abuse or neglect
  - Cruelty or torture
  - Criminal sexual conduct
  - Embezzlement
  - Vulnerable adult abuse under the Michigan Penal Code
  - Use of firearm or dangerous weapon with intent to injure or results in injury
  - Use or threat of force or violence
  - Any other misdemeanor involving assault, fraud, theft, or the possession or delivery of a controlled substance
  - A misdemeanor for assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury.
  - A misdemeanor under part 74 of the public health code, 1978 PA 368, MCL 333.7401 to 333.7461, relating to controlled substances.
  - Home invasion
  - Larceny
  - Negligent homicide
  - Retail fraud

## VOLUNTEER AGREEMENT

- I understand that the MVAA will make the final determination on volunteer status. I also understand that the MVAA may terminate a background check or determine not to hire at any stage in the process.
- I understand that the MVAA, in denying employment to an applicant, and reasonably relying on information obtained through a background check, is provided immunity from any action brought by an application due to the employment decision.
- I hereby certify that I have not been convicted of a crime or offense that prohibits my employment as a volunteer as required by P.A. 27, 28, and 29 of 2006, within the applicable time period prescribed by each crime.

FULL NAME:

SIGNATURE:

DATE:



# VOLUNTEER RELEASE AND WAIVER OF LIABILITY

Required by authority of the Michigan Veterans Affairs Agency, for volunteer assignment consideration.

**Please read carefully! This is a legal document that affects your legal rights!**

*The State of Michigan, as an Equal Opportunity Institution, complies with federal and state laws prohibiting discrimination and harassment, including Title IV and Title VII (with amendments) of the 1964 Civil Rights Act, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, Veterans Readjustment Act of 1974 as amended 38 USC 20-12, the Americans With Disabilities Act of 1990, and Michigan's Executive Directive 2019-09. It is the policy of the State that no person, on the basis of race, color, religion, national origin, age, sex (as defined in Executive Directive 2019-09), height, weight, marital status, partisan considerations, any mental or physical disability, or genetic information that is unrelated to the person's ability to perform the duties of a particular job or position shall be discriminated against in educational programs, activities, and employment.*

The Michigan Veterans Affairs Agency (MVAA) encourages and supports volunteers. As a volunteer, I have an important role in providing services and programs to the public.

I want to work as a volunteer for the MVAA, which appoints people like me to serve and to help the MVAA. While I am serving as a volunteer, I have the same immunity from civil liability under Michigan law as an employee of the MVAA. After becoming a volunteer, the MVAA will provide me with support, supervision, training, and supplies for me to accomplish my assigned tasks.

Therefore, I do freely, voluntarily, and without duress, execute this Release and acknowledge the following terms:

- 1. Waiver and Release.** I hereby release, waive, discharge, and covenant not to sue the State of Michigan, its departments, officers, employees and agents, from any and all liability to me, for all losses, injury, death or damage, and any claims or demands thereto, on account of injury to person or property, or resulting in my death in reference to the activities authorized in my work as a volunteer. I hereby covenant and agree to indemnify and save harmless, the State of Michigan, its departments, officers, employees and agents, from any and all claims and demands, for all loss, injury, death or damage, that any person or entity may have or make, in any manner, arising out of any occurrence related to the activities authorized in my work as a volunteer.
- 2. Medical treatment.** I release and discharge the MVAA from any claim that arises or may arise due to any first aid, medical treatment, or service rendered to me. I understand that I may not be entitled to workers' compensation.
- 3. Assumption of risk.** I understand that my work for the MVAA may include activities that may be hazardous. I assume the risk of injury or harm in those activities I choose to do and release the MVAA from all liability for injury, illness, death, or property damage occurring from my work for the MVAA.
- 4. Insurance.** The MVAA does not have responsibility for providing any health, medical or disability insurance coverage for me. IT IS MY RESPONSIBILITY AS A VOLUNTEER TO ENSURE I HAVE MEDICAL/HEALTH INSURANCE. As with other members of the public, I may file a claim with the State Administrative Board for personal losses that are under \$1,000.
- 5. Photographic release.** I grant to the MVAA the right to use photographic images and video or audio recordings of me that are made by the MVAA or others during my work assignment for the MVAA, including royalties, proceeds, or other benefits from use of the photographs or recordings.
- 6. Copyright laws.** I understand that showing videos in public that are intended for home viewing is prohibited under the U.S. copyright laws.
- 7. Background check.** I understand that a criminal history check may be obtained prior to my appointment as a volunteer. My signature below certifies that I agree to a criminal history check and agree to provide the MVAA with my date of birth.
- 8. Discrimination laws.** I agree to follow the MVAA's policy, along with state and federal laws that forbid discrimination in employment, education, housing, public accommodation, law enforcement or public service based on a person's religion, race, color, national origin, age, sex, marital status, height, weight, or disability.
- 9. In-kind service.** The MVAA is eligible for some grants that require that the grant dollars received be matched by the MVAA. Many grants allow the use of in-kind services as a portion of this match in lieu of actual dollars. My signature certifies that I consent to the use of my volunteer time as a possible in-kind match for grants received by the MVAA.
- 10. Other.** I agree that this Release is intended to be as broad and inclusive as permitted by the laws of Michigan, and that this Release is governed by and will be interpreted according to the laws of Michigan. I understand that should any part of this Release be ruled invalid by a court, the other parts will remain valid and continue to be in effect.

**VOLUNTEER:**

**DATES VOLUNTEERING:**

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
FROM

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TO