



Mentoring Program

Date:

First Name:

MI:

Last Name:

Gender: Male Female

Address:

City:

Prov or State:

postal code Zip:

Home Phone:

Work Phone:

Cell Phone:

E-mail Address:

Date of Birth:

Age:

Area or city /School Preference:

Grade Level Preference:

Your Race/Ethnicity: (choose ALL that apply):

American Indian/Alaska Native

Native Hawaiian/Pacific Islander

Asian

White

Black/African American

Other (Specify):

Hispanic/Latino

Current Marital Status (choose ONE only):

Married, spouse present

Divorced

Married, spouse absent

Never Married

Widowed

Do you have experience as a parent or a parental figure? Yes No

Have you had experience as a mentor to youth? Yes No

What is the primary reason you wish to become a senior mentor? (Choose ONE only):

Want to give back to the Community

Had a positive experience with a mentor as a child

Organization sponsored community service project

Wanted to experience for career or educational development

Other (please specify):

What is your highest level of education completed? (Choose ONE only):

- High school diploma/GED
- College courses
- Associate's degree
- BA/BS degree
- Master's degree
- Ph.D.
- q other (specify):

What is your employment status? (Choose ONE only):

- Unemployed
- Employed
- Retired

Please select one of the following that best categorizes your current or past employment. (Choose ONE only):

- Managerial/Professional (teacher, doctor, social worker, etc.)
- Technical/Sales/Administrative
- Law Enforcement/Justice
- Service
- Religious
- Military
- Other (specify):

Name of employer:

Occupation:

Identify all service organizations, faith-based entities, or community groups you are affiliated with.

- Faith-based:
- Business/Workplace:
- Service Organization:
- Other:

Write a brief statement as to why you wish to become a Mentor:

Describe any special interest, foreign languages, hobbies, or volunteer experiences that may help in matching you and your student:

In case of emergency, contact:

Name:

Phone:

Special Medical Condition(s):

Hospital Preference:

How did you hear about Seniors Mentoring Students?

- Radio
- Posters
- Newspaper
- Other Mentors
- Service/Civic Organization
- Business
- Faith-Based Organization

Reportbullying.com Mentoring Agreement

Seniors Mentoring Program

I, _____ (your name) acknowledge that if accepted as a Senior Mentor, I agree to abide by the rules and regulations of the School involved. I understand that the program involves spending time weekly at the assigned school with my mentee during the school year. I will be committed to **a minimum of one school year** in the program with the goal of developing a multi-year commitment to the mentee until he/she graduates. I have not been convicted within the past 10 years of any felony or misdemeanor classified as an offense against a person or family, of public indecency or a violation involving a state, province or federally controlled substance. I am not under current indictment. I give permission for (School Name) _____ to conduct a criminal background check and child/adult abuse inquiry, and to contact my identified references. Further, I hereby fully discharge school personnel and participating companies or organizations from any and all liability, claims, and causes of action, costs and expenses which may be attributable to my participation in the Seniors Mentoring Program.

I also agree to the following:

- To engage in the one-to-one mentoring with an open mind.
 - To be on time for scheduled meetings.
 - To sign in at the school prior to each visit.
 - To notify the school office if I am unable to keep my regularly scheduled meeting with my mentee.
 - To fill out the proper paperwork when I want to meet with my mentee outside of school.
 - To keep discussions with the student confidential, except to inform the teacher or school administrators
- facilitator about situations that negatively affect the student's health or welfare.
- To accept assistance from the student's teachers and school staff.
 - To ask the Principal or director when I need assistance or do not understand something.
 - To notify the school principal of any problems or difficulties with the relationship.
 - To follow any procedures or guidelines outlined by the senior mentoring program.
 - To report any criminal charges brought against me while I'm a senior mentor.
 - To notify the school administrators or principal of any changes in my employment, address, or phone number.**

I understand that the Senior Mentoring Program reserves the right to deny application to any person and to terminate a mentor from the program.

I have read the above statements and agree to the contents. To the best of my knowledge and belief, all statements in this profile application are true and accurate.

Signature

Date

Check here if you do not wish to have photographs you might be in, published for the promotion of the Senior Mentoring Program.

*Mentor is responsible for providing a back ground check given out by local police dept.
The mentor is responsible for cost of background check*

Please list 5 nonfamily references with daytime Phone Numbers.

Reference 1 Name Home Phone Work Phone E-Mail Relationship Address City State Zip

Reference 2 Name Home Phone Work Phone E-Mail Relationship Address City State Zip

Reference 3 Name Home Phone Work Phone E-Mail Relationship Address City State Zip

Reference 4 Name Home Phone Work Phone E-Mail Relationship Address City State Zip

Reference 5 Name Home Phone Work Phone E-Mail Relationship Address City State Zip

Steps to becoming a teammates mentor

Complete an Application

Senior mentors are asked to fill out an application to indicate their name/address/interests/hobbies/etc. This information is given to school staff to match the senior mentor and student mentee.

Provide Character References

Each senior mentor provides a minimum of five character references (none of whom is a family member, spouse, or significant other). References must reply before the senior mentor is allowed to spend time with a student one-on-one in the school.

Complete a Background Check, Child Abuse Inquiry, and Reference Check

Senior mentor performs confidential criminal history background checks and child abuse inquiries. Senior mentors are asked to provide the necessary information and fill out the forms for this process to be completed prior to meeting with their student.

Attend a Required DVD Training Session

A session to prepare mentors for scenarios they may encounter while volunteering in the schools is required for every Senior Mentor.

Student Match and School Orientation

The senior mentor will receive a brief orientation of the school building on the day the student mentee meet for the first time. This includes instructions on where to sign in at the school, where to hang your coat, and any other protocol. Together, the principal will determine a good time for meetings to occur in the future. At the first meeting the mentor and mentee will sign the Mentoring Agreement.

Weekly Meetings

Senior mentors are responsible for scheduling their weekly meetings and being consistent with their commitment to see their mentee every week.

Release of information

Senior Mentoring Program

I understand that as a condition of my service/employment, my name will be checked against the Department of Health and Human Services Adult/Child Protective Services Central Registers. A check of these registers is necessary to ensure that I meet provider standards.

The purpose of the check will be to determine if my name is being maintained on either register as a result of previous abuse/neglect allegations which have been investigated and have not been determined to be unfounded.

To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.

Signature of applicant/employee) (Date Signed)

(Print or type name of applicant/employee) (Social Security Number)

Other Names Used in Past Twenty (20) Years

(Please print or type legibly)

(Use back of sheet if necessary)

Other Addresses in Past Twenty (20) Years

(Please print or type legibly)

(Use back of sheet if necessary)

Complete Addresses **Required** (city/state/zip)

Names of Children Who Have Lived With You

(Please print or type legibly)

(Use back of sheet if necessary)

(Date of Applicant's Birth)(Home Address of Applicant/City/State/Zip)

(Witness Signature) (Date Witnessed)