



MENTOR APPLICATION

Last Name First Name

Date: _____

Address City State Zip

DOB: ___ / ___ / ___

Phone: (H) _____ (W) _____ (M) _____

Gender: M F

Email: _____

Employer: _____

Are you a TSIC graduate?

Job Title: _____

YES NO

Join Reason: Referral / Presentation / Company Partnership
Advertisement / Recruitment Drive / Other

Second Languages: Creole / English / French / Spanish / Other _____

Age Category (check one)

18-30 31-40 41-50 51-60 61+

Do you have children? How many?

Yes No _____ # sons _____ # daughters

School Preference (You can list up to 3)

- 1. _____
- 2. _____
- 3. _____

OFFICE USE ONLY

Background Checks

Date

Copy of DL _____

FDLESOP

Mentor Training Date _____

FDC

Assigned Student _____

MCSO

Grad Year _____

School _____

I. Career/Education Information

Please indicate your highest level of education completed:

	Some high school
	GED
	High school graduate
	Associate degree Field/subject _____ Institution _____
	Technical/Vocational certificate Field/subject _____ Institution _____
	Bachelor's degree Field/subject _____ Institution _____
	Master's degree Field/subject _____ Institution _____
	Doctorate degree Field/subject _____ Institution _____
	Other _____

List any clubs or organizations of which you are currently a member:

II. Mentor Information

How would you describe your communication style?

- Friendly and outgoing
- Usually wait to be approached by someone new
- Reserved until I get to know someone new

I am interested in becoming a mentor because (check all that apply):

- I think I'd be a positive role model.
- I have time to give.
- I overcame difficulties growing up and would like to help someone else.
- I think I have the personality and abilities to be a good mentor.
- I believe in the value of mentoring.
- I wish I had a mentor when I was a teenager.

Please indicate how comfortable you would be talking to a student about the following:

	Very comfortable	Comfortable	Somewhat	Not at all
Work life, career				
Goal setting				
Career planning				
College planning				
Personal experiences				
Hobbies/Interests				
Personal problems				
Drug awareness				
Sex/Abstinence				

Please indicate how comfortable you'd be in handling the following potential problems:

	Very Comfortable	Comfortable	Somewhat	Not at all
You have a hard time reaching your student.				
You make arrangements to meet and your student does not show.				
Your student seems unresponsive to your interest in getting to know him/her.				
Your student calls you too often.				
Your student asks you for money.				
Your student has little interest in your job/profession.				
Your student shares very sensitive thoughts or information with you.				

Are there any particular problems you would prefer *not* to handle as a mentor?

Is there anything else you would like us to know about you? If yes, please explain:

Do you have any specific training or experience in dealing with any of the following youth issues? (Check all that apply and please explain.):

- Drug awareness _____
- Teen pregnancy _____
- Teen violence _____
- Sex/abstinence _____
- Other _____

Take Stock in Children Mentor Interest Inventory

Please indicate in which activities you enjoy participating or enjoy watching:

SPORTS

Boating		Diving		Swimming
Basketball		Water skiing		Baseball
Softball		Boxing		Football
Bowling		Wrestling		Cycling
Go-Carts		Golfing		Miniature golf
Ping pong		Handball		Horseshoes
Tumbling/Gymnastics		Tennis		Track & Field
Horseback riding		Archery		

OUTDOOR LIFE

Camping		Hunting		Fishing
Animals		Bird watching		Flowers & Plants
Gardening		Insects		Snakes
Astronomy		Trees & Leaves		Hiking
Other: _____				

SCIENCE & MECHANICS

Auto repair		Aviation		Chemistry
Electronics		Engines (gasoline)		Missiles & Rockets
Computers		Kit building (specify): _____		
Other: _____				

CRAFTS

	Ceramics		Clay modeling		Drawing
	Indian beadwork		Leather craft		Model building
	Knitting		Crocheting		Painting
	Sheet metal work		Tin can craft		Woodworking
	Other: _____				

INDOOR ACTIVITIES

	Card games		Musical instruments		Chess
	Cooking		Dancing		Dominoes
	Photography		Reading		Checkers
	Sewing		Singing		Table games
	Other: _____				

From all of the items in the activities list, the three I like the best are:

1. _____
2. _____
3. _____

Do you have any pets? _____ If so, what kind(s): _____

Do you play a musical instrument? _____ Which one(s)? _____

What genre of books do you like to read? _____

If you had three wishes, what would you wish for?

1. _____
2. _____
3. _____

References

Please list three references listing their full address and phone numbers. One of the references MUST be a family member.

Name: _____ Relationship: _____

Mailing Address: _____

Home and/or Cell #: _____ Work #: _____

Name: _____ Relationship: _____

Mailing Address: _____

Home and/or Cell #: _____ Work #: _____

Name: _____ Relationship: _____

Mailing Address: _____

Home and/or Cell #: _____ Work #: _____

Policy Adherence Agreement

The undersigned acknowledges and agrees that 1) he or she is not obligated, if called upon, to perform the volunteer services for which herein applied; 2) Take Stock in Children (TSIC) is not obligated to assign or actively seek to assign him or her to a TSIC student; 3) as part of the TSIC matching process, additional information may be requested from the applicant, and 4) TSIC reserves the right at all times to terminate any match between any volunteer mentor and student for any reason or cause.

I declare that all of the statements made in this application are true, complete, and correct to the best of my knowledge.

Applicant signature

Date

As a mentor in the Take Stock in Children program, I will always act in a behavior that is in the best interest of my student. Accordingly, I pledge to each of the following volunteer policy statements.

Please initial your approval next to each statement.

_____ I will adhere to all volunteer policies of the Monroe County School District.

_____ I will notify Take Stock in Children if I must terminate my mentor position for any reason.

_____ I will notify my student or his or her school liaison or the Take Stock in Children Student Advocate if I am unable to attend a previously scheduled meeting.

_____ I will not willfully arrange contact with my student off school property and not under the supervision of Take Stock in Children or school officials.

_____ I will not drive my student in my car.

_____ I understand that Take Stock in Children will terminate my relationship with my student if I violate any of the above policies.

LIABILITY RELEASE/CONSENT FOR RELEASE of INFORMATION

I do hereby affirm the above information is true. I understand if denied acceptance into a mentoring program, no reason for denial will be given. I hereby consent to Monroe County Education Foundation to release information to other entities, agencies, or individuals. I hereby release Take Stock in Children from the liability whatsoever for any information released or any acts or omissions connected with this application. I understand and consent to Take Stock in Children examining any and all available records or information from any source, to include but not limited to criminal records.

I hereby allow Take Stock in Children to release any information compiled from my interview, references, or other sources pertaining to my application to become a mentor to Take Stock in Children. Take Stock in Children will use this information for the purpose of evaluating my ability to meet the initial criteria to serve as a mentor with a mentoring agency. I hereby release Take Stock in Children from any liability, debt, claim, suit, or obligation of any nature whatsoever should any information be obtained by any other individual, party, or entity of any nature whatsoever.

Applicant Name

Date

Applicant Signature

*****PLEASE ENCLOSE A COPY OF YOUR DRIVER'S LICENSE*****