



# Mentor Application

## TEAM Fort Worth /GO Center

Fort Worth Independent School District  
100 N. University Dr. Fort Worth , Texas 76107  
817-871-2291 or 817-871-2947  
817-871-2948 FAX

TFW STAFF USE ONLY
Trained by: _____
Date trained: _____
Criminal Background: _____

### PLEASE PRINT CLEARLY

Name \_\_\_\_\_  
                     *(Last)*                                    *(First)*                                    *(Middle Initial)*                                    *Volunteer Group*

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
   *(Name)*  *(Phone)*  *(Relationship)*

How did you hear about the Go Center/Team Fort Worth? \_\_\_\_\_

What skills and interests would you like to share? \_\_\_\_\_

Are you fluent in a language other than English? Yes No If yes which one(s) \_\_\_\_\_

School preference \_\_\_\_\_

When are you available to mentor? Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Have you ever served as a mentor with any other program? (circle one) Yes No If yes, when? \_\_\_\_\_

With what program? \_\_\_\_\_

**RELEASE**

**TEAM Fort Worth**, part of the Fort Worth Independent School District appreciates your interest in becoming a mentor and role model to our students. By signing below, you provide authority to TEAM Fort Worth to verify the personal information you've provided, as well as to run a criminal history background check. Your signature attests to the truthfulness of all the information listed in this profile.

**TEAM Fort Worth** respects the confidentiality of volunteer information. Volunteer information may be released in accordance with the following **TEAM Fort Worth** Volunteer Confidentiality policy. Identifying information may be used in agency publications or promotional material if the volunteer has given written permission. For program evaluation, audit, or accreditation, **TEAM Fort Worth** authorizes BBBS and certain outside organizations to have access to volunteer records. Requests for release of confidential information about a volunteer shall be accompanied by the volunteer's signed consent form. Information shall only be provided to law enforcement officials or the courts pursuant to a valid subpoena. Information shall be provided to **TEAM Fort Worth** legal counsel in the event of litigation or potential litigation involving the agency. Suspected or disclosed child abuse is reported as required by law. If **TEAM Fort Worth** staff receives information indicating that a client or volunteer may be dangerous to himself or herself or others, necessary steps may be taken to protect the appropriate party, including a report to law enforcement authorities. When a match is proposed, information is shared between the prospective parties prior to the match without identification; such information may include age, sex, race, religion, education, interests, hobbies, marriage/family status, living situation, sexual orientation, reasons for applying to the program, expectations for participation, reasons an individual was chosen for the match (each party has the right to refuse the proposed match) and other information. I affirm that I have read and understand **TEAM Fort Worth** Volunteer Confidentiality Policy with respect to client and volunteer records, and I agree to comply with the conditions it sets forth.

I do hereby release **TEAM Fort Worth** and its employees, members and volunteer workers from any and all liability for any damage or injury which I might sustain while participating in said programs and activities.

I certify that all statements on my application, the Notice and Authorization for Background Check, and any supplements to my application are complete and correct and agree that any misrepresentation or omission made by me to **TEAM Fort Worth** may result in immediate termination of my volunteer relationship with **TEAM Fort Worth**. The sole responsibility of **TEAM Fort Worth** is to act in the best interest of the mentee. I agree that the adult/child relationship may be terminated at any time, for any reason, at the sole discretion of **TEAM Fort Worth**. I acknowledge and agree that (1) I am not obligated if called upon to perform volunteer services applied for in this application and (2) **TEAM Fort Worth** is not obligated to assign or seek to assign me a mentee. **TEAM Fort Worth** reserves the right to discontinue the application process without disclosing the reasons why. I authorize **TEAM Fort Worth** to use my name and/or picture for publicity purposes to promote **TEAM Fort Worth**, but no other personal data will be released for publicity purposes without my written authorization.

Signature \_\_\_\_\_

Date \_\_\_\_\_

It is the policy of **TEAM Fort Worth** to implement equal service to all clients and volunteers without regard to race, color, religion, national origin, gender, marital status, sexual orientation, age, veteran status or disability. All information given and received during the application process is regarded as confidential according to the terms of **TEAM Fort Worth** Confidential Policy. **TEAM Fort Worth** reserves the right to discontinue the application process without disclosing the reasons why.



**FORT WORTH INDEPENDENT SCHOOL DISTRICT  
SPECIAL INVESTIGATIONS  
100 N. UNIVERSITY DRIVE, ROOM NE 111  
FORT WORTH, TEXAS 76107**

Date Received: _____
Initials: _____

To: Bobby Whiteside, Coordinator  
Special Investigations Office  
Phone: (817) 871-2439  
Direct all inquiries to Charles E. McCarty

Fax: (817) 871-2839

Clear

Not Clear –   
Call OSI

From: Marty Otero/Marsha Wright

Organization: **TEAM Fort Worth**

Phone: 817-871-2947 or 817-871-2291

Fax: 817-871-2948

## REQUEST FOR BACKGROUND CHECK FOR VOLUNTEER

---

Last Name (Applicable)	First Name	Middle (Maiden Name(s) if
---------------------------	------------	---------------------------

---

DOB	Gender	Ethnicity	SS#
-----	--------	-----------	-----

---

Address	City	Home Telephone
---------	------	----------------

**Pictured Identification Required  
Please copy in this space**

---

Volunteer's Signature

---

Date of Request

---

Tarrant County S. O.

---

Office of Special Investigations Reviewer  
Texas ID Card,

**Texas ID card, TX DL or Resident Alien Card**