

MENTOR APPLICATION



SECTION ONE – PERSONAL INFORMATION

*Name: _____

*Address _____

*City: _____ State: _____ Zip: _____

*How long have you lived in Florida? _____

*Telephone (daytime): _____ (evening): _____

When is the best time to call? _____

Email: _____

*Date of Birth: _____ *SS#: _____ Female Male

Ethnic Group: Asian Black Caucasian Hispanic Other (specify) _____

SECTION TWO - CURRENT EMPLOYMENT

Employer: _____

Address: _____

City & Zip: _____

Email: _____ Phone: _____

Title/Position: _____ Dept.: _____

SECTION THREE – SCHOOL PREFERENCE & AVAILABILITY

Grade level(s) preferred:

MIDDLE SCHOOL HIGH SCHOOL

Availability to volunteer:

Day(s): MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

This is a partial list of the schools from which Take Stock in Children has students.

- NORTH (Rivera Beach to Jupiter area)
- NORTH/CENTRAL (Loxahatchee to Northern West Palm Beach area)
- SOUTH (Delray Beach to Boca Raton area)
- SOUTH/CENTRAL (Southern West Palm Beach to Boynton Beach area)
- WEST (Belle Glade to Pahokee area)

How did you hear about Take Stock in Children? _____

SECTION FOUR – EDUCATION

Highest education level attained:

- Less than High School graduate GED High School graduate Associate's Degree
 Bachelor's Degree Master's Degree Doctorate Other (explain): _____

If degree, indicate which field? _____

Do you speak another language other than English? (specify) _____

Please specify any volunteer experience or training you have had working with children in the past (please list specific agencies and dates):

SECTION FIVE – SKILLS/INTERESTS

Please check one or more ways in which you would be willing to volunteer.

- Mentoring Donate Products/Services School Supply Drive Special Events
 Administrative Other _____

Please indicate other skills you would like to share with our agency and/or students:

Please list any clubs or organizations of which you are presently a member:

MENTOR INFORMATION

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

- I think I would be a positive role model
 I like children
 I have the 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 am interested in making a difference in the life of a child
 I believe in the value of mentoring
 I wish I had had a mentor when I was a teenager

Is there anything else you would like us to know about you, please include it here

SECTION SIX - BACKGROUND INFORMATION

In order for Take Stock in Children to complete the processing of mentor applications, it is our policy to have a routine local, state and federal criminal background check conducted for all potential mentors. The results of the background check will remain confidential, and the property of Take Stock in Children.

1.) Do you have any objection to under going a background check in order to become a mentor?

No Yes * If yes, explain: _____

2.) Do you have any felony charges? Convictions? No Yes

No Yes * If yes, explain: _____

3.) Do you have any misdemeanor charges? Convictions? No Yes

No Yes * If yes, explain: _____

4.) Would you have any objections to taking a drug test if necessary?

No Yes * If yes, explain: _____

PHOTO AND PRESS RELEASE

I, _____ do hereby give Take Stock in Children Palm Beach County, their assigns, licenses and legal representatives the irrevocable right to use my name, picture, portrait, photograph, and visual likeness in all forms and media in all manners, including photo, film, audio and video representations, for nonprofit, public purposes, and I waive any right to inspect or approve the finished product that may be created in connection therewith. I have read this release and am fully familiar with its contents.

ACKNOWLEDGMENT

The undersigned acknowledges and agrees that 1) He/she is not obligated if called upon to perform the volunteer services herein applied for; that Take Stock in Children is not obligated to assign or actively seek to assign him or her a Take Stock in Children student; 2) That as a part of the Take Stock in Children matching process, additional information may be elicited from the applicant by the Mentor Coordinator; and 3) Take Stock in Children reserves the right at all times to terminate any match between any volunteer and student, for whatever cause.

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

Name: _____

Signature: _____

Date: _____

***PERSONAL REFERENCES: Please provide the names and complete mailing address of three people we can contact.**

Name: _____ Daytime Phone: _____

Address: _____ Relationship: _____

City & Zip: _____ Years Known: _____

Name: _____ Daytime Phone: _____

Address: _____ Relationship: _____

City & Zip: _____ Years Known: _____

Name: _____ Daytime Phone: _____

Address: _____ Relationship: _____

City & Zip: _____ Years Known: _____

Liability Release/Consent for Release of Information

I understand if denied acceptance into the mentoring program, no reason for denial will be given. I hereby consent to Take Stock in Children to release information to other entities, agencies, or individuals. I hereby release Take Stock in Children from any 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 all available records or information from any source, to include but not limited to criminal records.

Take Stock in Children will use this information for the sole purpose of evaluating my ability to meet the initial criteria to serve as a mentor with the Take Stock in Children Program. I hereby release Take Stock in Children from any liability, debt, claim, suit, or obligation of any nature whatsoever in connection with this application.

Name: _____

Signature: _____

Date: _____

PLEASE REMIT YOUR COMPLETED APPLICATION TO:

TAKE STOCK IN CHILDREN PALM BEACH COUNTY
1896 Palm Beach Lakes Blvd., Ste. 103
West Palm Beach, FL 33409
Tel.: (561) 683-1704
Fax: (561) 478-5862
Email: mentor@takestockpalmbeach.org

PREFERRED METHOD OF CONTACT

E-mail addresses and FAX numbers allow us to contact the greatest number of people most efficiently at a minimal cost. Be assured that e-mail addresses and Fax numbers will be used for professional communications only.

Please print your information and indicate your preferred method of contact:
1 being the most favorable and 4 being the least favorable

1 2 3 4 E-mail Address: _____

1 2 3 4 Fax Number: _____

1 2 3 4 Mobile Number: _____

1 2 3 4 Home Number: _____

1 2 3 4 Street Address: _____
