



Klein ISD Volunteer Mentor Program

Mentor Application



Dear Klein ISD Volunteer Mentor,

We are delighted that you've chosen to be a role model for children through our Klein ISD Volunteer Mentor Program. Please complete the following in-depth application to let us know you better and match you with an appropriate student. Please bring the completed application form to the training session, *"How to Be a Successful Student Mentor."*

Name: _____ Date _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Profession: _____ Title: _____

Emergency Contact: _____
Name Phone Number

Bilingual? Indicate Languages/ Written/ Spoken: _____

How would you describe your personality? Circle all that apply.

- | | | | | |
|--------------------------------------|--|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Encouraging | <input type="checkbox"/> Friendly and outgoing | <input type="checkbox"/> Talkative | <input type="checkbox"/> Funny | <input type="checkbox"/> Laid Back |
| <input type="checkbox"/> Serious | <input type="checkbox"/> Motivational | <input type="checkbox"/> Life of the Party | <input type="checkbox"/> Reserved | <input type="checkbox"/> Quiet |

What do you do in your free time?

Watch Movies/Listen to Music/Play Video Games/Enjoy the Outdoors/ Play Sports/Garden
Read/ Enjoy your Hobby/Other (Please list) _____

What do you hope to accomplish as a Klein ISD Mentor? _____

What experiences have you had as a mentor/positive role-model to youth? _____

Which grade level would you like to work with? _____3-5 _____6-8 _____9-12

Do you want to mentor at a specific campus? _____

Please prioritize the following criteria you would prefer in a student.

- Same gender Same ethnicity Similar personal interest's Similar background
 No preference Other: _____

Have you completed a Klein ISD Criminal Background Check? _____

How did you learn about the Klein ISD Volunteer Mentor Program? _____

As a mentor of Klein ISD, I agree to the policies and expectations of the mentor program as stated in the *KISD Volunteer Mentor Guidebook*.

Signature

Date

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REFERENCES (No relatives, please.)

Provide complete information below.

(1) Reference

Name: _____

Relationship: _____

Home #: _____

Work #: _____

Cell #: _____

Email: _____

(2) Reference

Name: _____

Relationship: _____

Home #: _____

Work: _____

Cell #: _____

Email: _____

Please bring the completed application form to the training session you have selected to attend.

For more information, please call or email Angie Mentz, High School Completion Specialist at 832-249-4362 or amentz1@kleinisd.net.