



VOLUNTEER MENTOR APPLICATION

Please Print Clearly

Today's Date: _____

Office Use Only:	
Match: _____	School: _____
Teacher: _____	Date of 1 st Visit: _____
Date entered in database: _____	Date Trained: _____

Name: Dr / Mr / Mrs / Ms _____ Date of Birth: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Male Female I give permission for my photo to be used in Jasper County Mentor Program related publications.

Employer: _____ Job Title: _____

Employer Phone: _____ Name of Supervisor: _____

Marital Status: Single Married Divorced Widowed **Race:** African American Caucasian Latino Asian Other

Highest level of education: High School Some College Associate's Degree Bachelor's Degree
 Master's Degree Doctorate Other _____ Foreign Languages _____

- Do you use illegal drugs? Yes No
- Have you ever been convicted of a crime (other than a speeding or parking ticket?) Yes No
- Have you ever been convicted of domestic violence, abuse, neglect, or assault? Yes No

If you attend church, which one? _____ How did you hear about the mentor program? _____

Experiences working with children: _____

Non-Family References [Pastor, Banker, School Personnel, etc.]:

Name: _____	Phone: _____
Name: _____	Phone: _____

Interests: Boating Fishing Reading Cards/Games Music Dance Singing Animals Crafts
 History Science Computers Shopping Cooking Gardening Collecting Working on cars Sewing
 Sports [specify] _____ Other _____

I prefer to work with a specific age:

- | | | | |
|--------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Age 5 – 7 (grade K – 1) | <input type="checkbox"/> Age 9 – 11 (grade 4 – 5) | <input type="checkbox"/> Age 13 – 14 (grade 8) | <input type="checkbox"/> Any age |
| <input type="checkbox"/> Age 7 – 9 (grade 2 – 3) | <input type="checkbox"/> Age 11 – 13 (grade 6 – 7) | <input type="checkbox"/> Age 15 – 18 (grade 9 – 12) | <input type="checkbox"/> Any school |

I prefer to mentor a student who is (check as many as apply):

- | | | | | |
|-------------------------------------|------------------------------------|---------------------------------------------------|---------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Shy | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Any personality type | <input type="checkbox"/> In need of academic assistance | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Talkative | <input type="checkbox"/> English language learner | <input type="checkbox"/> Math | <input type="checkbox"/> Reading |

I prefer to attend the following training (4:30-6:30pm): Tues., Aug. 12 Thurs., Aug. 21 Mon., Aug. 26 Wed., Sept. 3

PLEASE WRITE A PARAGRAPH ABOUT YOURSELF: _____

- The information I have provided may be verified, and I give permission to Jasper County Public Schools and the Jasper County Mentor Program to make inquiry of others concerning my suitability to act as a Jasper County Schools volunteer.
- In the course of volunteering for Jasper County Public Schools, I may be dealing with confidential information, and I agree to keep said information in the strictest of confidence. I also hereby agree to comply with all rules and regulations of the Jasper County Board of Education and Mentor Program.
- Your relationship with the Jasper County Public Schools and the Jasper County Mentor Program is an "at will" arrangement, and it may be terminated at any time without cause by either the volunteer or Jasper County Public Schools or the Jasper County Mentor Program.

I COMMIT TO VISITING MY MENTEE AT LEAST ONCE A WEEK, EVERY WEEK DURING SCHOOL HOURS

Applicant's Signature: _____



This form must be PRINTED, SIGNED, NOTORIZED, and MAILED or HAND DELIVERED to the Jasper County Mentor Program, 1401 College Street, Monticello, GA 31064. We CANNOT accept a faxed copy.

Georgia Crime Information Center (GCIC) Consent Form

I hereby authorize the Jasper County Mentor Program and the Jasper County Board of Education to receive, on an annual basis, any criminal history record pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia. I understand that my record may reflect information causing my application for volunteer work to be rejected.

Please PRINT the following information:

Full Name: _____

P.O. Box: _____

Street Address: _____

City, State, Zip: _____

Sex: _____ Race: _____ Date Of Birth: _____ Social Security #: _____

Print Any Other Names Used: _____

Attach photocopy of driver's license here

Signature: _____

Date: _____

Notary Public
(Include Notary Seal)

Information below this line for office use only:

A criminal history record check has been conducted through the Georgia Crime Information Center (GCIC) on the above person, and no criminal history was located.

TERMINAL OPERATOR / AGENCY

DATE

A criminal history record check has been conducted through the Georgia Crime Information Center (GCIC) on the above person, and the attached criminal history was located.

TERMINAL OPERATOR / AGENCY

DATE

STATE ID NO.