



Mentor Application

1. To complete this form electronically, first type in all information in the text boxes and click within the appropriate check boxes to answer the information requested.
2. Frequent saving of the document as you go is advised.
3. Once all information is entered and saved:
 - i. If you have an electronic signature, unprotect the document (tools, unprotect document) and insert your signature/initials in all appropriate places. Save again and then return by e-mail to **Kandace Hoosier at khoosier@takestockjax.org** If you do not have an electronic signature, print the form, sign and initial in all appropriate places and scan and email it to **Kandace Hoosier at khoosier@takestockjax.org or mail to 4527 Lenox Avenue, Jacksonville, Florida 32205. Questions? 384-1361 x. 4246.**

DATE _____

AREA OF TOWN OR SCHOOL FOR MENTORING _____

Identifying Information

Name (First Middle Last): _____

Gender: Male Female

Date of Birth: _____

Home Address: _____

City, State, Zip _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Fax #: _____

E-mail address: _____

Place of Employment: _____

Title: _____

Employment Address: _____

Employment Start Date: _____

Background Information

Ethnic Group: (check one) Caucasian African American Hispanic Asian

American Indian Other (please specify) _____

Age Category: (check one) 18-30 31-40 41-50

51-60 61+

Are you married? _____

Do you have children? _____

sons _____ age(s) _____ # daughters _____ age(s) _____

When you were a teenager, to what income group did your family belong?

low income

middle income

high income

I. Career/Education Information

Highest education completed:

- some school, not a high school graduate
- GED
- high school graduate
- associate's degree in _____ from _____
- technical/vocational certificate in _____ from _____
- bachelor's degree in _____ from _____
- master's degree in _____ from _____
- doctorate in _____ from _____
- other _____

Are you currently enrolled in any education or training program? yes no

If yes, please specify:

II. Mentor Information

A. Training/ Background

Have you been through Mentor Training?

- yes no

B. Personal

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 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 a long-term relationship with a child.
- I believe in the value of mentoring.
- I wish I had had a mentor when I was a teenager.

Do you have any specific training or experience in dealing with any of the following youth issues: (check all that apply, and if yes, please explain)

- drug awareness
- teen pregnancy
- teen violence
- sex/abstinence
- other

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

	very comfortable	comfortable	somewhat	not at all
world of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
goal setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
career planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
college planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
personal experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hobbies/interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
personal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drug awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sex/abstinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(**vc** = very comfortable; **c** = comfortable; **s** = somewhat comfortable; **n** = not comfortable)

- _____ You have a hard time reaching your student.
- _____ You make arrangements to meet and your student doesn't 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:

The undersigned acknowledges and agrees that **1)** he or she is not obligated, if called upon, to perform the volunteer services herein applied for; **2)** TSIC is not obligated to assign or actively seek to assign her or him 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 whatever cause.

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

Applicant's Signature

Date

As a mentor in the TSIC 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 notify TSIC if I must terminate my mentor position for any reason.

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

_____ I will not willfully arrange contact with my student off school property or without the supervision of TSIC or the Duval County School Board.

_____ I will not drive my student in my car.

_____ I understand that TSIC will terminate my relationship with my student if I violate any of the above policies.

Take Stock in Children Mentor Interest Form

Place a check mark next to any activity you enjoy participating in or watching.

Sports

- | | | |
|---|---|---|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Boxing | <input type="checkbox"/> NASCAR |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Boating | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Rugby |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Golfing | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Go-carts | <input type="checkbox"/> Paint Ball | <input type="checkbox"/> Miniature Golf |
| <input type="checkbox"/> Ping Pong | <input type="checkbox"/> Tennis | <input type="checkbox"/> Racquetball |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Cycling | <input type="checkbox"/> Archery |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Ultimate Frisbee | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Snow Boarding | <input type="checkbox"/> Snow Skiing | <input type="checkbox"/> Ice Skating |

Others (specify)

Outdoor Life

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Camping | <input type="checkbox"/> Hunting | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Birds | <input type="checkbox"/> Insects |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Reptiles | <input type="checkbox"/> Amphibians |
| <input type="checkbox"/> Stars (Astronomy) | <input type="checkbox"/> Snorkeling/Diving | <input type="checkbox"/> Hiking |

Others (specify)

Science & Mechanics

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Aviation | <input type="checkbox"/> Chemistry |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Engines (gasoline) | <input type="checkbox"/> Missiles & Rockets |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Kit Building (specify) | |

Others (specify)

Handicrafts

- | | | |
|---|---|---|
| <input type="checkbox"/> Ceramics | <input type="checkbox"/> Clay Modeling | <input type="checkbox"/> Drawing / Painting |
| <input type="checkbox"/> Jewelry Making | <input type="checkbox"/> Scrapbooking | <input type="checkbox"/> Model Building |
| <input type="checkbox"/> Knitting | <input type="checkbox"/> Crocheting | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Metal Work | <input type="checkbox"/> Mosaic / Sculpting | <input type="checkbox"/> Woodworking |

Others (specify)

Collecting

- Scale Models
- Autographs
- Dolls
- Rocks & Minerals

- Sports Memorabilia
- Coins
- Books/Magazines
- Stamps

- Sports Cards
- Music/Records
- Photographs / Art
- Insects

Others (specify) _____

Indoor Activities

- Card Games
- Cooking
- Photography
- Puzzles

- Musical Instrument
- Dancing
- Reading
- Singing

- Board Games
- T.V. / Movies
- Computer
- Video Games

Others (specify) _____

From all the above items, the three I like best are:

1. _____ 2. _____ 3. _____

Do you have any pets? _____ What kinds? _____

Do you play any musical instruments? _____ Which ones? _____

What do you like to read best? _____

What clubs or organizations do you belong to, if any?

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

1.

2.

3.

REFERENCES

Please print **COMPLETE** name, address, and relationship of two people. They must have known you for at least 2 years. Each should be in a position to evaluate your qualifications as a mentor. Please **do not** include family members, current boyfriends, girlfriends, or fiancées as references.

Name	Address	Zip Code	Phone #
1. _____			
Relationship _____		Years Known _____	
2. _____			
Relationship _____		Years Known _____	

If you are currently employed, please print the name and contact information of your work supervisor. If employed less than 6 months, the previous employer.

3. _____			
Name	Title	Phone # and Ext.	Email Address

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 understand and consent to the Jacksonville Children's Commission examining any and all available records or information from any source, to include, but not be limited to criminal records.

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 within their agency.

Date: _____

TSIC Mentor Applicant's Signature

Printed Name of TSIC Mentor Applicant

Take Stock in Children Media Consent and Release Form

I, _____ (your name) hereby grant, authorize and consent to allow Take Stock in Children and Florida State College at Jacksonville or the designees, including without limitation members of the media, to photograph and obtain biographical information of myself. This permission to photograph includes portraits, pictures or videotapes, which may, in whole or part, be used in conjunction with the Take Stock in Children program. I hereby authorize Take Stock in Children to give a copy of my photograph and biographical sketch to any sponsor as the program requires.

I hereby waive my right to inspect and approve the photograph, pictures, videotape or biographical sketch, or the use for which they may be applied.

I hereby release, discharge and agree to hold harmless Take Stock in Children and Florida State College at Jacksonville. and program sponsor, representative, assign, and employee from any liability by virtue of any use whatsoever, of said photographs and biographical sketch. I understand that this release is valid for the length of time that I remain a mentor in the Take Stock in Children program.

Date: _____

TSIC Mentor Applicant's Signature

Printed Name of TSIC Mentor Applicant