

MENTOR APPLICATION



SECTION ONE – PERSONAL INFORMATION

*Name: _____

*Address: _____

*City: _____ State: _____ Zip: _____

*How long have you lived in Florida? _____

Telephone (Home): _____ (Cell) _____ (Work) _____

When is the best time to call? _____

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

Please indicate which email you wish for us to use for Take Stock communication below.

Personal Email: _____ Professional Email: _____

Date of Birth: _____ Female Male Married: YES NO

Children: YES NO # of Sons and ages _____ # of Daughters and ages: _____

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

Check the area(s) that you would like to mentor.

- NORTH** (Riviera Beach, PBG & Jupiter area)
- CENTRAL** (West Palm Beach to Lake Worth area)
- SOUTH** (Boynton Beach to Boca Raton area)
- WEST** (Wellington to Royal Palm Beach area)
- Belle Glade and Pahokee area

List any specific schools that you would like to be assigned to mentor.

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.

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

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

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

- Drug Awareness: _____
 Teen Pregnancy: _____
 Teen Violence: _____
 Sex/Abstinence: _____
 Other: _____

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

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

- I would be a positive role model
 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

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

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

How did you hear about Take Stock in Children? _____

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/predator background check conducted for all potential mentors. This background check will be conducted by the School District of Palm Beach County School Police. The results of the background check will remain confidential, and the property of Take Stock in Children and the Palm Beach County School District Police. (Per School Board Policy a background check will be required once a year before you can mentor.)

- 1.) Do you have any objection to undergoing 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, phone numbers, 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) 478-5863
Email: mentor@takestockpalmbeach.org

Mentor Interest Survey

Name: _____ Date: _____

Please check the items that interest you:

- | | |
|---|--|
| <input type="checkbox"/> Fashion | <input type="checkbox"/> Fishing/Hunting |
| <input type="checkbox"/> Pets | <input type="checkbox"/> Facebook, etc. |
| <input type="checkbox"/> Beauty and Hair Care | <input type="checkbox"/> Music |
| <input type="checkbox"/> Rap Music | <input type="checkbox"/> Rock/pop Music |
| <input type="checkbox"/> Playing an instrument | <input type="checkbox"/> Computer Games |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Collecting | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Painting/drawing |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Other sports: _____ |
| <input type="checkbox"/> Football/Basketball/Baseball | <input type="checkbox"/> Card games |
| <input type="checkbox"/> TV shows | <input type="checkbox"/> Law |
| <input type="checkbox"/> Health care | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Small Business | |

Please write in any other hobbies/interests: _____

What school subjects interest you? _____

Working with teenagers can be challenging, which of the following issues might be a problem for you:

- | | |
|---|---|
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Silence |
| <input type="checkbox"/> Talkativeness | <input type="checkbox"/> "Attitude" |
| <input type="checkbox"/> Lack of enthusiasm | <input type="checkbox"/> Lack of responsibility |
| <input type="checkbox"/> Apathy | <input type="checkbox"/> Serious Issues |
| <input type="checkbox"/> Cultural Differences | <input type="checkbox"/> Expectations vs. Results |