

School _____

Barrow County Mentor Program New Mentor Application



Making a Difference One Child at a Time

Please complete this packet and return it to the Mentor Coordinator at your school or to the District Mentor Coordinator at:

Barrow County School System
179 West Athens St.
Winder, Ga. 30680

770-867-4527

Mentor Applicant Name: _____ **Phone:** _____

If BCSS employee, please list location: _____

For Office Use Only:

- Date application packet received: _____
- Date of orientation: _____
- Documents on file:
 - ___ Volunteer Mentor Application
 - ___ Request for Criminal History Form
 - ___ Copy of valid driver's license
 - ___ Date forwarded to Human Resources: _____
 - ___ Date Criminal History Report Received: _____
 - ___ Cleared for mentoring ___ Not cleared
 - ___ Mandated Reporter Acknowledgement Form
 - ___ Confidentiality Form
 - ___ In-School Program Form
- Date school notified _____ Person Notified _____

Volunteer Mentor Application

CONTACT INFORMATION

Name: _____
First *Middle* *Last*

Address: _____
Street or P.O. Box

_____ *City* *State* *Zip code*

Home phone: (____) _____ Cell (____) _____

E-mail address _____

Do you currently work? _____ Place of occupation: _____

Work address: _____
Street or P.O. Box

_____ *City* *State* *Zip code*

Work phone: () _____ May we call you at work? _____

PERSONAL INFORMATION

Gender: ___ Male ___ Female Birthdate _____ Age _____

Ethnic Background (optional): ___ African-American ___ American Indian
___ Asian ___ Caucasian ___ Hispanic ___ Other: (please specify) _____

VOLUNTEER EXPERIENCE

Volunteer experience /community involvement/experience working with children/youth:

MENTOR INFORMATION

Briefly describe why you have chosen to participate in the mentor program:

What strengths/talents/experiences do you bring to this program?

AVAILABILITY

Please list time you are available to mentor. (Mentoring is in 30 minute increments during school hours.)

Monday ___ A.M. Only ___ P.M. only ___ Either A.M. or P.M.

Tuesday ___ A.M. Only ___ P.M. only ___ Either A.M. or P.M.

Wednesday ___ A.M. Only ___ P.M. only ___ Either A.M. or P.M.

Thursday ___ A.M. Only ___ P.M. only ___ Either A.M. or P.M.

Friday ___ A.M. Only ___ P.M. only ___ Either A.M. or P.M.

Indicate your grade preference: ___ Elementary ___ Middle ___ High

School preference, if any _____

CONSENTS (Please read and initial each statement below.)

_____ I am willing to commit to at least one visit per week with a child at an assigned school for the academic year.

_____ I understand the mentoring program is a school-based program, and that I will meet with my child during the school day at his or her school. I will not take the child off campus. (If I want to take him/her to a community event off campus or after school hours, I understand this type outing would not be recognized as a part of the Barrow County School System Mentor Program, and I would assume personal liability and obtain written permission from the parent/legal guardian each time.)

_____ I consent to a criminal history/background check which will be completed by the Barrow County Sheriff’s Office annually.*

_____ I understand I have a duty to immediately disclose in writing to Sherri Perry, the Barrow County School System Mentor Coordinator, any arrest or conviction for any criminal offense, and that failure to promptly and completely do so may result in my immediate dismissal from the program.

Applicant signature: _____ **Date:** _____

*Please obtain and complete the “Georgia Crime Information Center Consent Form” authorizing Barrow County School System to receive any Georgia criminal history record information which may be on file. Return it with this mentor application form and a copy of your driver’s license.