

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  
Sims Academy for Innovation and Technology  
985 Austin Road  
Winder, Georgia, 30677

770-867-7467

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:

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## MENTOR INFORMATION

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

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

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**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.