

School(s) _____

Returning Mentor Information Form

Please help us maintain up to date records by completing the following information sheet.

Name: (please print) _____ Age _____

Please update your contact information. _____ **NO CHANGES (please complete email address)**

Address: _____

City _____ State _____ Zip Code _____

Phone: Day _____ Evening: _____

Cell: _____ **E-mail address:** _____

Occupation: _____ Employer: _____

AVAILABILITY

Please list time you are available to mentor thirty minutes to one hour each week.

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.

Would you like to be assigned to the same student you had last school year? ____ yes ____ no

Would you like to continue with the student if he/she has moved to a new location? ____ yes ____ no

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.