

# 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.*

Email: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_  Female  Male

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

*Grade level(s) preferred:*

MIDDLE SCHOOL  HIGH SCHOOL

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

- NORTH** (Rivera Beach to Jupiter area)
- NORTH/CENTRAL** (Loxahatchee to Northern West Palm Beach area)
- SOUTH** (Delray Beach to Boca Raton area)
- SOUTH/CENTRAL** (Southern West Palm Beach to Wellington to Boynton Beach area)
- WEST** (Belle Glade to Pahokee area)

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

\_\_\_\_\_  
\_\_\_\_\_

**SECTION FOUR – EDUCATION**

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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):

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**SECTION FIVE – SKILLS/INTERESTS**

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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:

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

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**MENTOR INFORMATION**

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

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

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How did you hear about Take Stock in Children? \_\_\_\_\_

## **SECTION SIX - BACKGROUND INFORMATION**

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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:**

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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"/> Classical Music    |
| <input type="checkbox"/> Computers                    | <input type="checkbox"/> Computer Games     |
| <input type="checkbox"/> Collecting                   | <input type="checkbox"/> Cooking            |
| <input type="checkbox"/> Sewing                       | <input type="checkbox"/> Reading            |
| <input type="checkbox"/> Photography                  | <input type="checkbox"/> Painting/drawing   |
| <input type="checkbox"/> Football/Basketball/Baseball | <input type="checkbox"/> Other sports _____ |
| <input type="checkbox"/> TV shows                     | <input type="checkbox"/> Card games         |
| <input type="checkbox"/> Health care                  | <input type="checkbox"/> Law                |
| <input type="checkbox"/> Small Business               | <input type="checkbox"/> Drama              |

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 |