



Student Mentor Application

Identifying Information

Name (First Middle Last): _____

Gender: Male Female

Date of Birth: _____

Employer: _____

Title: _____ Employment Start Date: _____

Are you a Walton County School District graduate? Yes No

Background Information

Ethnic Group: (check one- data gathering purposes only)

Caucasian African American Hispanic Asian American Indian

Other (please specify) _____

Age Category: (check one) 18-30 31-40 41-50 51-60 61+

Are you married? Yes No Do you have children? Yes No

Have you ever been arrested? Yes No

If yes, what was the charge _____

Second Language(s) spoken: _____

When you were a teenager, to what income group did your family belong?

low income middle income high income

Contact Information

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail address _____

Career/Education Information

Highest education completed (Check all that apply):

- Some school, not a high school graduate GED high school graduate
- Associate degree in _____ from _____
- Technical/vocational certificate in _____ from _____
- Bachelor's degree in _____ from _____
- Master's degree in _____ from _____
- Doctorate in _____ from _____
- other _____

Are you currently enrolled in any education or training program? Yes No

If yes, please specify: _____

Mentor Information

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

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

- I think I'd be a positive role model I like children 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

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

- drug awareness _____
- teen pregnancy _____
- teen violence _____
- sex/abstinence _____
- other _____

List any clubs or organizations of which you are currently a member: _____

Are there any particular problems you would prefer not to handle as a mentor?

Which of the following activities do you enjoy participating in or watching? (Check all that apply)

Sports (specifically, _____)

Handicrafts (specifically, _____)

Outdoor Life Mechanics/Science Literature Pop Culture (Movies, TV, etc)

Collecting Other _____

Is there anything else you would like us to know about you? If yes, please explain:

I declare that all of the statements made in this application are true, complete and correct to the best of my knowledge.

Applicant's Signature

Date

As a mentor for A.L.L.Y.- a Walton County School District program, I will always act in a behavior that is in the best interest of my student. Accordingly, I pledge to each of the following volunteer policy statements. Please initial your approval next to each statement.

_____ I will adhere to all volunteer policies of my local school district.

_____ I will notify my mentor liaison, Lori Hughes and school administrator if I must terminate my mentor position for any reason.

_____ I will notify my student or his or her school liaison or the A L.L.Y. Liaison, Lori Hughes if I am unable to attend a previously scheduled meeting.

_____ I will not willfully arrange contact with my student off school property.

_____ I will not drive my student in my car.

_____ I understand that Walton County School District A.L.L.Y. Program will terminate my relationship with my student if I violate any of the above policies

REFERENCES

Please print COMPLETE name, address, and relationship of three people. They must have known you for at least 2 years. Each should be in a position to evaluate your qualifications as a mentor. Please do not include family members, current boyfriends, girlfriends, or fiancées as references.

Name	Address	Zip Code	Phone #
1. _____	_____	_____	(____) _____
Relationship _____	_____	Years Known _____	_____
2. _____	_____	_____	(____) _____
Relationship _____	_____	Years Known _____	_____
3. _____	_____	_____	(____) _____
Relationship _____	_____	Years Known _____	_____

If you are currently employed, please print the name and address of your work supervisor. If employed less than 6 months, the previous employer.

4. _____	_____	_____	(____) _____
Name	Address	Zip Code	Phone #

Liability Release/Consent for Release of Information

I do hereby affirm the above information is true. I understand if denied acceptance into a mentoring program, no reason for denial will be given. I hereby consent to (local program) to release information to other entities, agencies, or individuals. I hereby release Walton County School District A.L.L.Y. Program whatsoever for any information released or any acts or omissions connected with this application. I understand and consent to Walton County School District examining any and all available records or information from any source, to include but not be limited to criminal records.

I hereby allow Walton County School District A.L.L.Y. Program to release any information compiled from my interview, references, or other sources pertaining to my application to become a mentor to records monitor for the A.L.L.Y. Program. Walton County School District and A.L.L.Y. Program will use this information for the purpose of evaluating my ability to meet the initial criteria to serve as a mentor within Walton County Schools. I hereby release Walton County School District and A.L.L.Y. Programs from any liability, debt, claim, suit, or obligation of any nature whatsoever should any information be obtained by any other individual, party, or entity of any nature whatsoever.

Signature

Date

Please print your name here.