

Mentor Application

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Social Sec. #: _____

Date of Birth ___/___/___ DL# _____ Gender: • Male • Female

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Employment History

Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor?
2. Do you have any previous experience volunteering or working with youth? If so, please specify.
3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
4. Can you commit to participate in the Club M mentoring program for a minimum of one year from the time you are matched with a youth?
5. Are you available to meet with a child one hour per week and have contact at least once per week? Please explain any particular scheduling issues.
6. How would you describe yourself as a person?
7. How would your friends, family, and co-workers describe you?

Please check Yes or No on the following questions. If yes, explain below.

Have you used illegal drugs? _____ Yes _____ No
Are you currently using illegal drugs? _____ Yes _____ No
Do you drink alcoholic beverages? _____ Yes _____ No
Have you ever been convicted of a DUI? _____ Yes _____ No
Do you use tobacco products? _____ Yes _____ No
Have you ever received treatment for alcohol or substance abuse? _____ Yes _____ No
Have you ever been treated or hospitalized for a mental disorder? _____ Yes _____ No

Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.

Please read this carefully before signing:

It is the policy of the Burlington Community School District Board of Directors to make every reasonable effort to provide a safe learning environment for students working with volunteers. Therefore, the District requires the following confidential information from volunteers who work directly with students or assist staff on a regular basis; supervise/chaperone students; or act as a primary authority figure.

_____ Yes _____ No Have you ever been convicted of a felony?
_____ Yes _____ No Have you ever been convicted, or had an administrative finding, of violating any law involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children?
_____ Yes _____ No Have you ever been the subject of or listed as the perpetrator in a founded child abuse report?
_____ Yes _____ No Are you required to register as a sex offender with the sex offender registry?
_____ Yes _____ No Do you currently have charges pending or are there any ongoing investigations relating to any of the aforementioned?

If you answer YES to any above question, please explain below:

In completing this application to be a volunteer, I understand that the BCSD Club M Mentoring Program performs criminal checks of all volunteers for the Mentor position of which I am applying.

Club M Mentoring Program appreciates your interest in becoming a mentor.

Please initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I am willing to to attending initial training and trainings as needed.

_____ I am willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program.

_____ I understand that Club M Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ I release the BCSD Club M Mentoring Program of all liability of injury, death, or other damages to me, my family, estate, heirs, or assigns that may result from his/her participation in the program including but not limited to transportation, and hold harmless any Club M mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (optional) I agree to allow Club M Mentoring to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license and proof of auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form
- DMV Release Form (state agency form)
- Criminal History Release Form (state agency form)
- Child Abuse and Neglect Release Form (state agency form)
- Sexual Offender Release Form (state agency form)

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature

Date

Burlington Community School District is an Equal Opportunity Employer. Burlington Community School District ensures equal employment opportunities regardless of of race, color, national origin, sex, disability, religion, creed, age, sexual orientation, or gender identity. Burlington Community School District has a policy of active recruitment of qualified minority teachers and non-certified employees. Any individual needing assistance in making application for any opening should contact the Department of Human Resources.

**Please return or mail this application and the items listed above to Club M Match Coordinator
BCSDS, 1429 West Avenue , Burlington, Iowa 52601.**