



The School Board of Broward County, Florida
Take Stock in Children of Broward County
Mentor Application



Identifying Information

Name (First Middle Last): _____

Gender: Male Female

Date of Birth: _____ Social Security Number: _____

Employer: _____

Title: _____ Employment Start Date: _____

Are you a Take Stock in Children graduate? Yes No

Background Information

Ethnic Group: (check one)

Caucasian African American Hispanic Asian American Indian/Native American

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

sons ____ age(s) _____ # daughters ____ age(s) _____

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's 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:

The undersigned acknowledges and agrees that 1) he or she is not obligated, if called upon, to perform the volunteer services herein applied for; 2) Take Stock in Children and SBBC District Mentoring Programs Department are not obligated to assign or actively seek to assign her or him a Take Stock in Children student; 3) as part of the Take Stock in Children matching process, additional information may be requested from the applicant by Take Stock in Children and the SBBC District Mentoring Programs Department, and 4) Take Stock in Children and SBBC District Mentoring Programs Department reserve the right at all times to terminate any match between any volunteer mentor 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.

Applicant's Signature

Today's Date

As a mentor in the Take Stock in Children 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 Take Stock in Children if I must terminate my mentor position for any reason.

___ I will notify my student or his or her school liaison or the Take Stock in Children Student Advocate if I am unable to attend a previously scheduled meeting.

___ I will not willfully arrange contact with my student off school property and not under the supervision of Take Stock in Children or school officials.

___ I will not drive my student in my car.

___ I understand that Take Stock in Children will terminate my relationship with my student if I violate any of the above policies

Mentor Placement Information

Grade Level Preferences: 2-5 (8-11 Yrs.) 6 - 8 (11-13 Yrs.) 9 -12 (13 - 17 Yrs.)

School Preference: _____
(1st. Choice) (2nd. Choice) (3rd. Choice)

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 #

Completion of the following information is required of all applicants

How long have you resided at your current address? _____ If less then 3 years, what was your previous address?

(No. and Street) (Apt. #) (City, State, Zip Code) (# years at this addr?)

Student and staff safety are a priority for Broward County Public Schools, therefore, the following questions must be answered truthfully. Your omission of any criminal history pertinent to the three numbered questions below will result in the immediate end to your involvement with students until further notice.

- Yes No Have you EVER BEEN convicted of child abuse, incest, lewd and lascivious action, pornography or other sexual offense?
- Yes No Within the last five (5) years, have you been convicted of the sale or possession of drugs, drug paraphernalia or other drug related offense?
- Yes No Within the last five (5) years, have you been convicted of assault, battery or other violent crime?

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 *Take Stock in Children of Broward County* 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 any and all available records or information from any source, to include but not be limited to criminal records.

I hereby allow Take Stock in Children to release any information compiled from my interview, references, or other sources pertaining to my application to become a mentor to Take Stock in Children. Take Stock in Children will use this information for the purpose of evaluating my ability to meet the initial criteria to serve as a mentor with a mentoring agency. I hereby release Take Stock in Children 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.

As a mentor/volunteer, I agree to abide by the policies of The School Board of Broward County, Florida, which include periodic security background checks. By my signature, I certify that I know, understand and agree that any false statement or omission of requested information will result in the immediate termination of my participation in this program. (As a volunteer, I agree to abide by the policies of The School Board of Broward County, Florida.)

Signature

Date

Please print your name here.

Take Stock in Children of Broward County
2050 Civic Center Place, Room 213
Miramar, FL 33025
Telephone 754-600-9756 * E-mail: BrowardMentor@tsic.org

Applications and other registration forms must be completed and signed. Please contact our office to schedule your preferred training/orientation.

District Mentoring Programs is a part of the Equity & Academic Attainment Department. The School Board of Broward County, Florida prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gender identity, gender expression, national origin, marital status, race, religion or sexual orientation.

For Office Use Only

Date Trained: _____ Trained by: _____ Date Cleared: _____

Action Required: _____

Assigned School: _____ Date Assigned: _____