



Communities
In Schools

Jacksonville



United Way
of Northeast Florida
Achievers for Life

Date _____

Area of Town for Mentoring _____

Mentor Application

1. Print out this application and fill it out.
2. If you prefer to submit the application electronically, you can scan it in and email it to Sara Cooley at scooley@cisjax.org. You can also sent it to Sara Cooley via fax at 904-355-9009 or mail to University Blvd. S. #300, Jacksonville, FL 32216.

Please indicate which program you are interested in mentoring with:

Take Stock in Children (TSIC): _____

Achievers For Life (AFL): _____

Identifying Information

Name (First Middle Last): _____

Gender: Male Female

Date of Birth:

Home Address:

City, State, Zip

Home Phone:

Work Phone:

Mobile Phone:

Fax #:

E-mail address:

Place of Employment:

Title:

Employment Start Date:

Background Information

Ethnic Group: (check one) 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? Do you have children?
sons _____ age(s) _____ # daughters _____ age(s) _____

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

Career/Education Information

Highest education completed:
 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

a. Training/ Background

How did you hear about TSIC/AFL?
 TV, Radio, or Newspaper
 a friend
 a presentation
 iMentorJax
 Communities In Schools/ Take Stock in Children/Achievers For Life Staff member
 my company, please specify _____
 my religious organization, please specify _____
 other, please specify _____

Have you been through Mentor Training?
 yes no

If yes, what organization hosted your training?

- Jacksonville Children's Commission
- my company, please specify _____
- my religious organization, please specify _____
- other, please specify _____

Have you been background screened/ fingerprinted?

- yes
- no

****If you are a teacher with DCPS, please attach a copy of your DCPS badge to your application.****

b. Personal

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 a long-term relationship with a child.
- I believe in the value of mentoring.
- I wish I had had a mentor when I was a teenager.

In working with children, what do you consider to be your strengths?

Is there a particular challenge in your life or an experience that you have been through that you feel could help you better relate to a student who has or is going through a similar thing?

Please describe yourself in 3 words.

- 1.
- 2.
- 3.

What were your favorite subjects when you were in school?

Do you consider yourself to have any strengths academically that could benefit a student?

Do you have any pets? _____ What kinds? _____

Do you play any musical instruments? _____ Which ones? _____

What do you like to read best? _____

Which do you prefer? Be in a group Be alone Be with one friend

What clubs or organizations do you belong to, if any?

If you had three wishes, what would you wish for?

- 1.
- 2.
- 3.

Please complete the following interest survey by placing a check mark next to any activity you enjoy participating in and/or watching.

Sports

- | | | |
|---|---|---|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Boxing | <input type="checkbox"/> NASCAR |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Boating | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Rugby |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Golfing | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Go-carts | <input type="checkbox"/> Paint Ball | <input type="checkbox"/> Miniature Golf |
| <input type="checkbox"/> Ping Pong | <input type="checkbox"/> Tennis | <input type="checkbox"/> Racquetball |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Cycling | <input type="checkbox"/> Archery |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Ultimate Frisbee | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Snow Boarding | <input type="checkbox"/> Snow Skiing | <input type="checkbox"/> Ice Skating |

Others (specify)

Outdoor Life

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Camping | <input type="checkbox"/> Hunting | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Birds | <input type="checkbox"/> Insects |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Reptiles | <input type="checkbox"/> Amphibians |
| <input type="checkbox"/> Stars (Astronomy) | <input type="checkbox"/> Snorkeling/Diving | <input type="checkbox"/> Hiking |

Others (specify)

Science & Mechanics

- Auto Repair
- Electronics
- Computers

- Aviation
- Engines (gasoline)
- Kit Building (specify)

- Chemistry
- Missiles & Rockets

Others (specify)

Handicrafts

- Ceramics
- Jewelry Making
- Knitting
- Metal Work

- Clay Modeling
- Scrapbooking
- Crocheting
- Mosaic / Sculpting

- Drawing / Painting
- Model Building
- Sewing
- Woodworking

Others (specify)

Collecting

- Scale Models
- Autographs
- Dolls
- Rocks & Minerals

- Sports Memorabilia
- Coins
- Books/Magazines
- Stamps

- Sports Cards
- Music/Records
- Photographs / Art
- Insects

Others (specify)

Indoor Activities

- Card Games
- Cooking
- Photography
- Puzzles

- Musical Instrument
- Dancing
- Reading
- Singing

- Board Games
- T.V. / Movies
- Computer
- Video Games

Others (specify)

From all the above items, the three I like best are:

1. _____ 2. _____ 3. _____

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)** TSIC/AFL is not obligated to assign or actively seek to assign her or him a TSIC/AFL student; **3)** as part of the TSIC/AFL matching process, additional information may be requested from the applicant, and **4)** TSIC/AFL reserves 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

Date

As a mentor in the TSIC/AFL 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 notify TSIC/AFL if I must terminate my mentor position for any reason.

_____ I will notify my student or his or her school liaison or the TSIC/AFL Student Advocate if I am unable to attend a previously scheduled meeting.

_____ I will not willfully arrange contact with my student off school property or without the supervision of TSIC/AFL or the Duval County School Board.

_____ I will not drive my student in my car.

_____ I understand that TSIC/AFL will terminate my relationship with my student if I violate any of the above policies.

REFERENCES

Please print the name, address, and relationship of a personal or business reference. 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 #
_____	_____	_____	_____

Relationship _____

Years Known _____

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 understand and consent to the Jacksonville Children's Commission examining any and all available records or information from any source, to include, but not be limited to criminal records.

Take Stock in Children/Achievers For Life/Communities In Schools will use this information for the purpose of evaluating my ability to meet the initial criteria to serve as a mentor within their agency.

Date: _____

TSIC/AFL Mentor Applicant's Signature

Printed Name of TSIC/AFL Mentor Applicant

Take Stock in Children/Achievers For Life Media Consent and Release Form

I, _____ (your name) hereby grant, authorize and consent to allow Take Stock in Children/Achievers For Life and Communities In Schools of Jacksonville, Inc. or the designees, including without limitation members of the media, to photograph and obtain biographical information of myself. This permission to photograph includes portraits, pictures or videotapes, which may, in whole or part, be used in conjunction with the Take Stock in Children/Achievers For Life program. I hereby authorize Take Stock in Children/Achievers For Life to give a copy of my photograph and biographical sketch to any sponsor as the program requires.

I hereby waive my right to inspect and approve the photograph, pictures, videotape or biographical sketch, or the use for which they may be applied.

I hereby release, discharge and agree to hold harmless Take Stock in Children/Achievers For Life and Communities In Schools of Jacksonville, Inc. and program sponsor, representative, assign, and employee from any liability by virtue of any use whatsoever, of said photographs and biographical sketch. I understand that this release is valid for the length of time that I remain a mentor in the Take Stock in Children/Achievers For Life program.

Date: _____

TSIC/AFL Mentor Applicant's Signature

Printed Name of TSIC/AFL Mentor Applicant