



Communities In Schools

Jacksonville



United Way
of Northeast Florida
Achievers For Life

Date: _____

Area of Town for Mentoring: _____

Achievers For Life Mentor Application

1. Print out this application and fill it out.
2. If you prefer to submit the application electronically, you may scan it in and email it to Keto Porter, mconger@cisjax.org. You may also send it to Melissa Conger via fax, 904 355-9009, or mail it to his attention to: Communities In Schools, 3100 University Blvd S., Suite 300, Jacksonville, FL 32216

Identifying Information

Name (First Middle Last): _____

Gender: Male Female

Date of Birth: _____

Home Address: _____

City, State, Zip _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Fax #: _____

Email Address: _____

Place of Employment: _____

Title: _____

Employment Start Date:

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) AFL is not obligated to assign or actively seek to assign her or him an AFL student; 3) as part of the AFL matching process, additional information may be requested from the applicant, and 4) 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 the application are true, complete and correct to the best of my knowledge.

Applicant's Signature

Date

As a mentor in the 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 AFL if I must terminate my mentor position for any reason

_____ I will notify my student or his or her school liaison or the 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 AFL or the Duval County School Board.

_____ I will not drive my student in my car.

_____ I understand that 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 limited to criminal records.

Achievers For Life/Communities In Schools of Jacksonville 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: _____

AFL Mentor Applicant's Signature

Printed Name of AFL Mentor Applicant