

Willard City Schools Mentor Application

Personal Information

Name: _____
Email: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____
Other Phone: _____
Date of Birth: ____ / ____ / ____ Gender: _____



Employment History

Please provide current (last) employment information.

Employer: _____ Location: _____
Supervisor's Name: _____ Phone: _____
Date of Employment (month/year): _____ to _____
Position(s) Held: _____

Personal References

Please provide two personal references.

Name: _____ Phone: _____
Name: _____ Phone: _____

Questions

Please take a few minutes to briefly answer the questions below, using an extra sheet of paper if needed:

- 1.) Why are you willing to become a mentor?

- 2.) Do you have any experience volunteering or working with youth? If so, please specify:

- 3.) What qualities, skills, or other attributes do you feel you have to benefit the youth?



4.) Circle the subjects you would feel comfortable assisting Middle School students with:

Math Science Language Arts Reading Spelling Social Studies

5.) Can you commit to participating in the Willard City Schools Mentor Program in the following ways?
Please indicate "yes" and initial on each line.

- I will commit to being part of the program for at least this school year _____
- I will attend a 2.5 hour Mentor Training Session prior to being matched-up. _____
- I will strive to meet with my student on a consistent weekly, 30-minute basis at the school between 8:00 am – 3:00 pm. _____
- I will communicate with the staff & keep accurate meeting records, yet recognize and hold the confidentiality of my student and program. _____

Information Release for Willard City Schools Mentor Program

I, _____, understand that to help protect the youth of Willard it will be necessary to conduct a background check regarding my criminal history, personal references and employment.

I authorize the Willard Schools to obtain any needed information regarding my legal/criminal history, character references and employment for the purpose of participating in the Willard City Schools Mentoring Program.

*As part of the screening process, each applicant will need a FBI/BCI fingerprinting. Please take this completed form to Shelley Holden at the Willard Board of Education Office now located inside the WHS Haas Gymnasium at 123 Whisler Drive between the hours of 6:00 am – 2:30 pm. Please be sure to bring your driver's license with you. The cost of this background check is covered with grant funds. *(If you can provide the Project Coordinator with a copy of a FBI/BCI background check that was completed in the past twelve months, this step can be eliminated.)*

Further, I understand that information about me will be shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a safe, successful and confidential match.

Signature

Date

Please leave this completed form with Shelley Holden as you complete your finger printing OR send to:

Attn: Christie Stevens
Willard City Schools
One Flashes Ave
Willard, OH 44890

**Any questions please contact Christie Stevens at 419.935.0181 ext 46119 or Christiestevens@willardcityschools.org.*