



Take Stock in Children: Mentor Application

Dear Prospective Mentor:

Thank you for considering the opportunity to become a mentor with Champions For Learning. Your participation may be one of the most rewarding experiences you will ever have! This opportunity is in partnership with the statewide non-profit, Take Stock in Children, and funded by donations from generous individuals and businesses throughout our community.

Enclosed is the mentor application, including references, background check, and photo release. By now, you should have submitted a General Volunteer application to Champions For Learning. If not, please visit our website and click "APPLY" to fill out the online volunteer application before continuing – or simply click [here](#).

Information collected in this application will help us match you with a mentee. Keep in mind that matching is not immediate, as student induction varies throughout the year. However, our team will keep you well-informed throughout the process.

Please be aware of the requirements and commitments involved in mentoring. Mentors should have 2+ years of Collier/Lee County residency. A minimum of 15 sessions with your mentee is required within the academic calendar year. In addition, Champions For Learning provides training and orientation, workshops to attend with your mentee, and networking events with other mentors.

If any questions, concerns, or issues arise, please do not hesitate to reach out to me. It is my priority to keep this process as streamlined for you as possible.

We greatly appreciate your interest and look forward to working with you. Your role as a mentor will help change the life of a young person. In turn, we hope you find a rewarding and mutually beneficial experience with your mentee.

Sincerely,

A handwritten signature in black ink, appearing to read "Rachel Welch", written in a cursive style.

Rachel Welch
Community Engagement Coordinator

Direct: 239-263-5784 Fax: 239-643-4799 Email: RWelch@ChampionsForLearning.org



Mentor Application 2018-19

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE OR PHOTO ID TO YOUR APPLICATION.

Name: _____ Preferred Name: _____
Last First M.I.

Date of Birth (Month/Day/Year) Gender: M or F # of years in Collier County

You must be a resident of Collier or Lee County for at least two years before becoming a mentor.

Home Address: _____
City State Zip

Personal E-mail: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Job Title: _____

Or Position Prior to Retirement: _____

Business Address: _____
City State Zip

Business E-mail: _____ Business Phone: _____

Where do you prefer to be contacted? Personal Work Either

PERSONAL INFORMATION

1. Employment start date: _____

2. Are you a Take Stock In Children program graduate? YES NO

3. Age Category: 18-30: ____ 31-40: ____ 41-50: ____ 51-60: ____ 61+: ____

4. Ethnic Group (Circle): American-Indian Asian Black/African-American Hispanic
Multicultural Pacific Islander White Other (Please Specify): _____

5. Do you speak a second language? YES (Please Specify): NO

6. Are you married? YES NO



7. Do you have children? YES NO
 If yes, have they gone through the college application process? YES NO

8. Do you have any specific training or experience in dealing with any of the following youth issues: (Check all that apply. If yes, please explain)

- Drug Awareness
- Teen Pregnancy
- Teen Violence
- Sex/Abstinence
- Other: _____

9. When you were a teenager, what income group was your family categorized as:

Low income _____ Middle income _____ Upper income _____

10. How would you describe yourself as a teenager?

- Troubled (at-risk, serious problems, few successes)
- Typical (some problems, some successes)
- Above average (well-adjusted, mostly successful)

11. Did you have a mentor when you were a teenager or young adult? YES NO

If YES, describe your mentor: _____

CAREER AND EDUCATION INFORMATION

12. Highest educational degree earned:

- Some schooling, not a high school graduate
- High School Graduate
- Bachelor's Degree
- Doctorate Degree
- G.E.D.
- Associate's Degree
- Master's Degree
- Other (please specify) _____

13. Are you currently enrolled in any education or training program? YES NO

If YES, please explain: _____

14. List any current clubs/organizations: _____

MENTORING INFORMATION

15. How would you describe your communication style?

- Life of the party
- Friendly & outgoing
- Wait to be approached by someone new
- None: (please describe) _____



16. I am interested in becoming a mentor in the Take Stock in Children program (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 a mentor when I was in school

17. Please indicate how comfortable you would be in talking to a student about the following:

	<i>Very Comfortable</i>	<i>Somewhat</i>	<i>Not At All</i>
a. World of work	_____	_____	_____
b. Goal setting	_____	_____	_____
c. Career planning	_____	_____	_____
d. College planning	_____	_____	_____
e. Personal experiences	_____	_____	_____
f. Hobbies/interests	_____	_____	_____
g. Personal problems	_____	_____	_____
h. Drug awareness	_____	_____	_____

18. From 1-7, please prioritize what you see most important in a mentor relationship:

- | | |
|---|--|
| <input type="checkbox"/> Advice on career options/decision making | <input type="checkbox"/> Social skills development |
| <input type="checkbox"/> Job and resource referrals | <input type="checkbox"/> Encouragement and support |
| <input type="checkbox"/> Job-readiness activities | <input type="checkbox"/> Be a friend |
| <input type="checkbox"/> Post-secondary education or training plans | <input type="checkbox"/> Other: _____ |

19. Are there any particular problems you would prefer not to handle as a mentor? (Please describe)

20. How did you learn about the Take Stock in Children Program?

- | | |
|--|--|
| <input type="checkbox"/> Referral | <input type="checkbox"/> Website or Social Media |
| <input type="checkbox"/> Presentation | <input type="checkbox"/> Radio, TV or Newspaper |
| <input type="checkbox"/> Company Partnership | <input type="checkbox"/> Other: _____ |

21. How many miles are you willing to drive? _____

22. Do you have a preferred school or area? _____

23. Is there any additional information about yourself that you would like to share? _____



REFERENCES

Please provide four local references, including a family member, friend and business reference:

Name _____

Name _____

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Home # _____

Home # _____

Work# _____

Work# _____

Relationship _____

Relationship _____

=====

Name _____

Name _____

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Home # _____

Home # _____

Work# _____

Work# _____

Relationship _____

Relationship _____

The undersigned acknowledges and agrees that (1) she or he is not obligated if called upon to perform the volunteer services herein applied for; (2) Take Stock in Children or Champions For Learning are not obligated to assign or actively seek to assign him or her a Take Stock student; (3) that as a part of the Take Stock matching process, additional information may be elicited from the applicant by the Take Stock program coordinator; and (4) that Take Stock reserves the right at all times to terminate any match between any volunteer and student, for whatever cause.

I have reviewed the Take Stock in Children Mentoring guidelines and I declare that all the statements made in this application are true, complete and correct to the best of my knowledge.

Applicant Signature

Date



Release of Information Mentor Background Check

In order for The Education Foundation of Collier County (Champions For Learning) and the Take Stock in Children program to complete the processing of my mentor application, I understand that a routine local and state criminal background check is conducted. Results will remain confidential and are considered property of the organizations listed above.

I also understand and agree to any background inquiries from employers and various federal, state, and other agencies which maintain records of my past activities. I authorize, without reservation, any party or agency contacted to furnish the above mentioned information in accordance with all federal and state laws and hereby release them from any damages caused by disclosed information.

PRINT Name

Signature

Date

Signature of Witness

Date

- PLEASE PRINT ALL INFORMATION REQUESTED BELOW -

Name _____
Last First Middle Maiden Name

Address _____
Street City State Zip

Date of Birth ____ / ____ / ____ Place of Birth _____

Age ____ Race _____ Sex ____ Social Security # _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Driver's License # _____ State _____ Exp. Date _____

If you have lived in Collier County for less than 4 years, please indicate your prior address below so that law enforcement check can also be done in that state/community.

Address _____
Street City State Zip

PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE



**Florida Department of Law Enforcement
Criminal Justice Information Services Division
User Services Bureau**

**VECHS WAIVER AGREEMENT AND STATEMENT
Volunteer & Employee Criminal History System
(VECHS) for Criminal History Record Checks
National Child Protection Act of 1993**

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize **THE EDUCATION FOUNDATION OF COLLIER COUNTY (CHAMPIONS FOR LEARNING)** to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16-30-16.34, and that I could freely disclose any such information to whomever I choose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am seeking to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542 Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

Name & Address of Previously Qualified Entity	Year of Request
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I ____ have ____ have not been convicted of a crime.

If convicted, describe crime(s) and particulars of the conviction(s): _____

I ____ do ____ do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective: Employee Volunteer Contractor/Vendor

Signature _____ Date _____

Printed Name _____ Date of Birth _____

Address _____

Entity: **THE EDUCATION FOUNDATION OF COLLIER COUNTY (CHAMPIONS FOR LEARNING)**
 Address: **3606 Enterprise Ave, Suite 150, Naples, FL 34104**
 Telephone: **(239) 643-4755** FDLE Assigned Qualified Entity Number: **E11040003**



Mentor Photo Release

Date: _____

Mentor: _____
(Please Print Name)

I hereby consent to being photographed, interviewed and or recorded on audio tape or videotaped by the school district, school or commercial, print or television media or other supporting organizations for the purpose of promoting the Take Stock in Children program of Champions For Learning. I have full knowledge that the end product may appear in print publications, on television, in a video, or on the Internet. The end product may also be used for instructional purposes and/or for public information. I understand that I may be depicted and or/identified by one or more of the media.

I release The Education Foundation of Collier County (Champions For Learning) and Take Stock in Children program agents, servants, supporting organizations or employees from any responsibility or liability arising from the use of interviews, photographs, videotapes, sound recordings or other images of myself created for use of publication in the media

Signature of Mentor

**Please scan/email this entire application to Rachel Welch at
RWelch@ChampionsForLearning.org, fax to 239-643-4799 or
mail to 3606 Enterprise Ave, #150, Naples, FL 34104.**