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,

Kristin Peras
Community Engagement Coordinator

Direct: 239-263-5783      Fax: 239-643-4799      Email: KPeras@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


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:

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<th>Very Comfortable</th>
<th>Somewhat</th>
<th>Not At All</th>
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<tbody>
<tr>
<td>a. World of work</td>
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<td>b. Goal setting</td>
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<td>c. Career planning</td>
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<td>d. College planning</td>
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<td>e. Personal experiences</td>
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<td>f. Hobbies/interests</td>
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<td>g. Personal problems</td>
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<td>h. Drug awareness</td>
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18. From 1-7, please prioritize what you see most important in a mentor relationship:

   _____ Advice on career options/decision making
   _____ Social skills development
   _____ Job and resource referrals
   _____ Encouragement and support
   _____ Job-readiness activities
   _____ Be a friend
   _____ Post-secondary education or training plans
   _____ 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?

   _____ Referral
   _____ Website or Social Media
   _____ Presentation
   _____ Radio, TV or Newspaper
   _____ Company Partnership
   _____ 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
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 Statues.

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

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____________________________________________________________________________________

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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

www.ChampionsForLearning.org
3606 Enterprise Avenue, Suite 150
239.643.4755 phone 239.643.4799 fax
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 Kristin Peras at
KPeras@ChampionsForLearning.org, fax to 239-643-4799 or
mail to 3606 Enterprise Ave, #150, Naples, FL 34104.