



Mentor Application Take Stock in Children

Dear Prospective Mentor:

Thank you for considering the opportunity to become a mentor with Champions For Learning. Your participation will be one of the most rewarding experiences you will ever have! Mentors become trusted friends, confidantes and advisors for their student, and the benefits to student and mentor are life changing. Enclosed are the necessary forms to complete to begin the process of becoming a mentor.

Champions For Learning, The Education Foundation of Collier County, is an independent, community-based, non-profit 501(c)(3) organization that makes it possible for our community to impact lives by enriching the environment for student learning. The organization has been awarded a four-star rating by Charity Navigator for sound fiscal management and commitment to accountability and transparency.

In partnership with the statewide non-profit organization, Take Stock in Children, Champions for Learning mentor model gives students with economic need the ability to reach academic and personal success. The program provides students with college scholarships, as well as a mentor, such as yourself. In return, students commit to stay drug and crime free, maintain at least at 2.5 GPA, attend regular meetings with a mentor at school, and participate in college and career readiness programs of Champions For Learning.

As a new mentor, you will be required to attend a Mentor Orientation/Training, along with participate in a few mentor/mentee events that will assist in the new relationship with your mentee. We will contact you with further information about the orientation/training and events, as well as your student, as the selection process proceeds throughout the year.

This application has three sections. Please complete all forms, including: mentor application (4pgs), references (1pg), background screening packet (2pgs) and photo release (1pg). You can scan/email completed application to Rachel Welch at RWelch@ChampionsForLearning.org, fax to 239-643-4799 or mail/drop-off to 3606 Enterprise Ave, #150, Naples, FL 34104.

We are looking forward to working with you. Remember, as a mentor, you have the opportunity to change the life of a young person. In turn, you will be part of a rewarding and mutually beneficial friendship.

If you need further information, please feel free to contact me at 239-643-4755.

Sincerely,

Ashley Bowers
Director of Student Programs



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 have been a resident of Collier County or Lee County for at least two years before becoming a Take Stock in Children mentor.

Home Address: _____
City State Zip

Personal E-mail: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Job Title: _____

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 graduate? YES NO

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



4. Ethnic Group (Circle One): 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 ___ G.E.D.
- ___ High School Graduate ___ Associate's Degree
- ___ Bachelor's Degree ___ Master's Degree
- ___ Doctorate Degree ___ Other (please specify) _____



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

If YES, please explain: _____

14. List any clubs or organizations of which you are presently a member: _____

MENTORING INFORMATION

15. How would you describe your communication style?

- ___ Life of the party
- ___ Friendly & outgoing
- ___ Usually wait to be approached by someone new
- ___ None of the above (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 TSIC scholar about the following:

	Very Comfortable	Somewhat	Not At All
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. Please prioritize activities that you see as most important in a mentor relationship:

- Give advice on career options and decision making
- Make job and resource referrals
- Assist in job-readiness activities
- Assist in post-secondary education or training plans
- Assist in social skills development
- Provide encouragement and support
- Be a friend

Other (please describe) _____

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?

- Recruitment by current Take Stock mentor or volunteer
- Group Presentation
- Company Partnership Program
- Radio, TV or Newspaper Ad
- Mentor Recruitment Drive
- Other (please specify) _____

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 references, including a family member, personal 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 under
the 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 complete 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 and Address of Previously Qualified Entity Year of Request

I ___ have OR ___ have not been convicted of a crime.
If convicted, describe the crime(s) and the particulars of the conviction(s): _____

I ___ do OR ___ do not authorize you to release my criminal history records, if any, to other qualified entities.
I am a current or prospective (check one): Employee Volunteer Contractor/Vendor

Signature _____ Date _____

Printed Name _____ Date of Birth _____

Address _____

Entity Name: **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 643-4799 OR mail to 3606 Enterprise Ave, #150, Naples, FL 34104.**