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
Director of Community Engagement

Direct: 239-263-5783 Fax: 239-643-4799 Email: KPeras@ChampionsForLearning.org
Mentor Application 2019-20

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:

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

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

   _____ Advice on career options/decision making
   _____ Job and resource referrals
   _____ Job-readiness activities
   _____ Post-secondary education or training plans
   _____ Social skills development
   _____ Encouragement and support
   _____ Be a friend
   _____ 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
   _____ Presentation
   _____ Company Partnership
   _____ Website or Social Media
   _____ Radio, TV or Newspaper
   _____ 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home #</th>
<th>Work#</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home #</th>
<th>Work#</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 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:

<table>
<thead>
<tr>
<th>Name &amp; Address of Previously Qualified Entity</th>
<th>Year of Request</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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