

North Putnam Community School Corporation

MENTOR PROGRAM

The mission of the Mentoring Program is to connect community and school resources for the purpose of fostering the development of a caring relationship between a responsible adult and a student in order to strengthen the ability of the student to overcome adverse circumstances, and stay in school and become a more productive citizen not only at school but at home and in the community.

Requirements of the Program:

1. Work with one child
2. Commit to a minimum of 60 minutes per week
3. All mentoring is conducted on-site at the school (Typically during lunch time)

If you have any questions, please contact Chuck Tilton at 765-522-6282.

North Putnam Community School Corporation

MENTOR APPLICATION

Personal Information:

Name _____ Gender Male Female
First Middle Last

Address _____
Street City State ZIP

Home phone _____ Mobile phone _____

Name/address of employer _____

Work Phone _____ Occupation _____

Email address _____

Volunteer Information:

- 1. Indicate your grade preference:
 Bainbridge Elementary
 Roachdale Elementary
 Jr. High/Middle School
 High School

2. What do you feel are the strengths (bilingual, math skills, previous relevant volunteer experience, etc.) you can bring to this program?

3. Write a brief statement on why you have chosen to participate in the mentor program.

4. Initial the two statements below:

_____ I understand that the mentor program involves spending a minimum of one hour every week for the academic year at a school with an assigned student.

_____ I understand that I will be required to complete the mentor program orientation and at least two training sessions during the year.

5. Yes No Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?

6. Yes No Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in question #5?

7. If the answer is YES to questions 5 or 6, please explain below:

8. Educational Background (mark one):

- | | |
|---|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Graduate/professional school |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Technical school |
| <input type="checkbox"/> Some College | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> Other (please specify) _____ | |

9. Why do you want to become a mentor? _____

10. What days of the week are you available to volunteer? (check all that apply):

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

11. What is the best time for you to volunteer? (check all that apply):

- Mornings Afternoons Evenings Weekends

12. Please list four references (please include at least one family member, one personal friend and one work reference):

Name _____
Address _____
City _____ State/ZIP _____
Phone number _____
Relationship _____

Name _____
Address _____
City _____ State/ZIP _____
Phone number _____
Relationship _____

Name _____
Address _____
City _____ State/ZIP _____
Phone number _____
Relationship _____

Name _____
Address _____
City _____ State/ZIP _____
Phone number _____
Relationship _____

In making this application to be a volunteer, I understand that the North Putnam Mentoring Program routinely performs criminal and driving record checks of all volunteers for the position of mentor for which I am applying. This check may be done on me if I sign below. If I fail to sign, it may be grounds for rejecting me as a mentor.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

Signature

Date