

TeamMates Mentoring Program Mentor Application

Office Use Only
Mentor ID#

Name _____ Birth Date _____

Maiden Name or other Legal Names _____ School Preference _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail address _____ Age _____ Gender _____

The following information is requested for input into our database and is not a determinant of eligibility to be a mentor.

<p>Ethnic Background (Choose all that apply)</p> <p><input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Pacific Islander</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Hispanic/Latino</p>	<p>What is your highest level of education completed?</p> <p><input type="checkbox"/> High School <input type="checkbox"/> BA/BS Degree</p> <p><input type="checkbox"/> High School Diploma <input type="checkbox"/> Master's Degree</p> <p><input type="checkbox"/> College Courses <input type="checkbox"/> PhD</p> <p><input type="checkbox"/> Associate's Degree <input type="checkbox"/> Other _____</p>
<p>How did you hear about TeamMates?</p> <p><input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Billboards <input type="checkbox"/> Other _____</p>	
<p>Identify all service organizations, faith-based entities or community groups you are affiliated with:</p> <p><input type="checkbox"/> Faith Based _____ <input type="checkbox"/> Service Organization _____</p> <p><input type="checkbox"/> Business/Workplace _____ <input type="checkbox"/> Other: _____</p>	
<p>Please select one of the following that best categorizes your current employment (choose ONE only):</p> <p><input type="checkbox"/> Managerial/Professional (teacher, doctor, social worker etc) <input type="checkbox"/> Technical/Sales/Administrative</p> <p><input type="checkbox"/> Service <input type="checkbox"/> Military <input type="checkbox"/> Law Enforcement/Justice <input type="checkbox"/> Religions <input type="checkbox"/> Other (specify) _____</p>	
<p>NAME OF EMPLOYER _____ OCCUPATION _____</p>	

Do you speak a foreign Language? No Yes What language? _____

Emergency Contact: Name _____ Phone Number _____

Special medical conditions the school contact should be aware of:

Please provide the following information on 3 references. ** If you are applying to be a mentor with the Lincoln Public Schools, please include a third reference other than family.

	**Family Reference	Friend Reference	Employer Reference
Name			
Address			
City /State /Zip Code			
Home Phone			
Work Phone			
Relationship			
E-mail (opt.)			

I give permission for TeamMates to run a criminal and child abuse check. * Background checks will be run every three years.

Signed: _____ **Date:** _____



TeamMates Mentor Agreement

I, _____ (your name) acknowledge that if accepted as a TeamMate Mentor, I agree to abide by the rules and regulations of the TeamMates Mentoring Program. I understand that the program involves spending time weekly at the assigned school with my student during the school year. I will be committed to one year in the program and will have the opportunity to renew for another year. I have not been convicted or had final disposition of a conviction of any felony or misdemeanor classified as an offense against a person or family, or public indecency, or a violation involving a state or federally controlled substance. I am not currently under indictment. **I give permission for TeamMates to conduct a periodic criminal background check and child/adult abuse inquiry.** Further, I hereby fully discharge school personnel and participating companies or organizations from any and all liability, claims, causes of action, costs and expenses which may be attributable to my participation in the TeamMates Mentoring Program.

In connection with my application to volunteer, I understand that references may be requested that will include information as to my character, work habits, performance and experience.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by One Source, The Background Check Company or its agent, to furnish the information described above. I understand that in the event a decision is made based upon the results of my background check, a report will be furnished to me upon my request.

I also agree to the following:

- To actively participate in training sessions before beginning.
- To be on time for scheduled meetings.
- To sign in on the volunteer registration sheet at the school prior to each visit.
- To notify the school office if I am unable to keep my regularly scheduled meeting with my youth TeamMate.
- To engage in the one-to-one mentoring with an open mind.
- To accept assistance from the student's teachers and TeamMates Mentoring Program Coordinator.
- To keep discussions with the student confidential, except to inform the teacher or program coordinator about situations that negatively affect the student's health or welfare.
- To ask the program coordinator when I need assistance or do not understand something.
- To notify the program coordinator of any changes in my employment, address, or phone number.
- To notify the program coordinator of any problems or difficulties with the relationship.
- To notify TeamMates if any criminal charges brought against me while I am a TeamMates Mentor.
- To cooperate with the program's policies and procedures.
- To allow TeamMates to use my photograph/image or likeness as needed.

I understand the TeamMates Mentoring Program reserves the right to deny acceptance to any mentor and to terminate a mentor from the program.

I have read the above statements and agree to the contents. To the best of my knowledge and belief, all statements in my application are true and accurate.

Signature

Date

RELEASE OF INFORMATION

I understand that as a condition of my employment, my name will be checked against the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registers. A check of these registers is necessary to ensure that I meet provider standards.

The purpose of this check will be to determine if my name is being maintained on either register as a result of previous abuse/neglect allegations which have been investigated and have not been determined to be unfounded.

To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.

I hereby authorize the Nebraska Department of Health and Human Services to release specific and detailed information contained on the Adult or Child Protective Services Central Register including the information that a record has been found to:

One Source, The Background Check Company Fax: 1-800-929-8117 Attn: Laura Belyea
(Agency/Facility Requesting Check)

P.O. Box 24148, Omaha, NE 68124 Attn: Laura Belyea Email: lbelyea@onesourcebackground.com
(Address – Street, City)

(Signature of Applicant/Employee)

(Date Signed)

(Print or Typed Name of Applicant/Employee)

(Social Security Number)

Other Names Used in Past Twenty (20) Years.
(Please Print or Type Legibly.)
(Use back of sheet if necessary.)

Other Addresses in Past Twenty (20) Years.
(Please Print or Type Legibly.)
(Use back of sheet if necessary.)

_____ Complete Addresses **REQUIRED** (City/State/Zip).

Names of Children Who Have Lived With You.
(Please Print or Type Legibly.)
(Use back of sheet if necessary.)

(Date of Applicant's Birth)

(Home Address of Applicant/City/State/Zip)

(Witness Signature)

(Date Witnessed)