

Please Return to:
 TeamMates Mentoring Program
 11850 Nicholas Street, Suite 120
 Omaha, NE 68164
 FAX: 402-884-0883

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.

Ethnic Background (Choose all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Other _____ <input type="checkbox"/> Hispanic/Latino	What is your highest level of education completed? <input type="checkbox"/> High School <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> Master's Degree <input type="checkbox"/> College Courses <input type="checkbox"/> PhD <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Other _____
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How did you hear about TeamMates? *Please be specific –this information is used for new mentor recruitment*

<input type="checkbox"/> Radio (channel) _____	<input type="checkbox"/> Billboards _____
<input type="checkbox"/> Newspaper (name of newspaper) _____	<input type="checkbox"/> Personal Friend/Acquaintance
<input type="checkbox"/> Television (what channel) _____	Name: _____
<input type="checkbox"/> Other _____	

Identify all service organizations, faith-based entities or community groups you are affiliated with:

<input type="checkbox"/> Faith Based _____	<input type="checkbox"/> Service Organization _____
<input type="checkbox"/> Business/Workplace _____	<input type="checkbox"/> Other: _____

Please select one of the following that best categorizes your current employment (choose ONE only):

<input type="checkbox"/> Managerial/Professional (teacher, doctor, social worker etc)	<input type="checkbox"/> Technical/Sales/Administrative
<input type="checkbox"/> Service <input type="checkbox"/> Military <input type="checkbox"/> Law Enforcement/Justice	<input type="checkbox"/> Religions <input type="checkbox"/> Other (specify) _____

NAME OF EMPLOYER _____ OCCUPATION _____

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 (required for eligibility).

If you are retired please list an additional friend or family member reference.

** 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			

I give permission for TeamMates to run a criminal and abuse registry 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

08/25/2010



Division of Children and Family Services

State of Nebraska
Dave Heineman, Governor

AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

The State of Nebraska approved this form, any alteration will invalidate it.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: One Source, The Background Check Company -Fax 1-800-929-8117

Please do not use abbreviations

Address and Phone Number: P.O. Box 24148, Omaha, NE 68124-Attn Nick Jasa

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant)

Signature (applicant)

Date

Current Address: (Street/City/State/Zip)

Applicant Date of Birth

Applicant Social Security Number

Other names previously used such as former married names, maiden name and nick names. Please Print.

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years. Please Print.