



Take Stock in Children Mentor Profile



Identifying Information

Name (as it appears on your driver's license): _____

Gender: Male Female

How did you learn about the Take Stock in Children program? _____

Please list the schools and/or areas where you would like to mentor:

Are you a Take Stock in Children graduate? Yes No

Background Information

Driver's License number is required at mentor training

Date of birth: _____ Social Security number is required at mentor training

State of birth: _____ Country of Birth _____

Have you ever been convicted of a felony? No Yes

If yes, please explain _____

Have you had a traffic offense within the last 5 years? No Yes

If yes, please explain _____

Are criminal charges other than minor traffic violations currently pending against you?
(Includes pending DUI/DWI charges) No Yes

If yes, please explain _____

Are you currently on any type of probation? No Yes

If yes, please explain _____

Are you under any type of court sanction(s)? No Yes

If yes, please explain _____

Have you ever been arrested? No Yes

If yes, please explain (this includes charges that were dropped or abandoned) _____

Ethnic Group: (check one)

Caucasian African American Hispanic Asian American Indian

Other (please specify) _____

Age Category: (check one) 18-30 31-40 41-50 51-60 61+

Are you married? Yes No Do you have children? Yes No

Eye Color _____ **Hair Color** _____

Height _____ **Weight** _____

List your Maiden Name, Alias or Alternate Name(s) _____

Second Language(s) spoken: _____

When you were a teenager, to what income group did your family belong?

low income middle income high income

Contact Information

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail address _____

Emergency Contact Information

Name: _____

Home Address: _____ City, State, Zip: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail address _____

Career/Education Information

Highest education completed (Check all that apply):

Some school, not a high school graduate High School College Masters Doctorate

Mentor Information

I am interested in becoming a mentor because: (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 making a difference in the life of a child
- I believe in the value of mentoring
- I wish I had had a mentor when I was a teenager

Do you have any specific training or experience in dealing with any of the following youth issues: (check all that apply, and if yes, please explain)

- drug awareness _____
- teen pregnancy _____
- teen violence _____
- sex/abstinence _____
- other _____

List any clubs or organizations of which you are currently a member:

Are there any particular problems you would prefer not to handle as a mentor? _____

Which of the following activities do you enjoy participating in or watching? (Check all that apply)

- Sports (specifically, _____)
- Handicrafts (specifically, _____)
- Outdoor Life
- Mechanics/Science
- Literature
- Pop Culture (Movies, TV, etc)
- Collecting
- Other _____

Is there anything else you would like us to know about you? If yes, please explain:

The undersigned acknowledges and agrees that 1) he or she is not obligated, if called upon, to perform the volunteer services herein applied for; 2) Take Stock in Children is not obligated to assign or actively seek to assign her or him a Take Stock in Children student; 3) as part of the Take Stock in Children matching process, additional information may be requested from the applicant, and 4) Take Stock in Children reserves the right at all times to terminate any match between any volunteer mentor and student for whatever cause.

I declare that all of the statements made in this application are true, complete and correct to the best of my knowledge.

Applicant's Signature

Date

As a mentor in the Take Stock in Children program, I will always act in a behavior that is in the best interest of my student. Accordingly, I pledge to each of the following volunteer policy statements. Please initial your approval next to each statement.

___ I will adhere to all volunteer policies of my local school district.

___ I will notify Take Stock in Children if I must terminate my mentor position for any reason.

___ I will notify my student or his or her school liaison or the Take Stock in Children Student Advocate if I am unable to attend a previously scheduled meeting.

___ I will not willfully arrange contact with my student off school property and not under the supervision of Take Stock in Children or school officials.

___ I will not drive my student in my car.

___ I understand that Take Stock in Children will terminate my relationship with my student if I violate any of the above policies

REFERENCES

Please print COMPLETE name, address, and relationship of three people. They must have known you for at least 2 years. Each should be in a position to evaluate your qualifications as a mentor. Please do not include family members, current boyfriends, girlfriends, or fiancées as references.

Name _____ Address _____ Zip Code _____ Phone # _____
1. _____ () _____

Relationship _____ Years Known _____

2. _____ () _____

Relationship _____ Years Known _____

3. _____ () _____

Relationship _____ Years Known _____

If you are currently employed, please print the name and address of your work supervisor.

If employed less than 6 months, the previous employer.

4. _____ () _____
Name _____ Address _____ Zip Code _____ Phone # _____

Liability Release/Consent for Release of Information

I do hereby affirm the above information is true. I understand if denied acceptance into a mentoring program, no reason for denial will be given. I hereby consent to Brevard Schools Foundation to release information to other entities, agencies, or individuals. I hereby release Take Stock in Children from any liability whatsoever for any information released or any acts or omissions connected with this application. I understand and consent to Take Stock in Children examining any and all available records or information from any source, to include but not be limited to criminal records.

I hereby allow Take Stock in Children to release any information compiled from my interview, references, or other sources pertaining to my application to become a mentor to Take Stock in Children. Take Stock in Children will use this information for the purpose of evaluating my ability to meet the initial criteria to serve as a mentor with a mentoring agency. I hereby release Take Stock in Children from any liability, debt, claim, suit, or obligation of any nature whatsoever should any information be obtained by any other individual, party, or entity of any nature whatsoever.

Signature

Date

Please **print** your name here.

Please return to:
The Brevard Schools Foundation
Take Stock in Children program
2700 Judge Fran Jamieson Way
Viera, FL 32940
Phone: 321-633-1000 x 415
