



Mentor Application

(Please type or print)

Date: _____

NAME: Dr./Mr./Ms. _____

HOME ADDRESS: _____

CITY: _____ GA ZIP: _____ PHONE: (_____) _____

CELL PHONE (Optional): (_____) _____ E-MAIL ADDRESS: _____

EMPLOYER: _____

WORK ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: (_____) _____

EDUCATION: (Check highest level) Some High School (grade completed) _____
 High School Diploma
 Some College
 College Diploma Masters Level or Higher

COMMUNITY INVOLVEMENT:

EXPERIENCE WORKING WITH CHILDREN:

INTERESTS: *Indicate all that apply*

- Reading/Tutoring
- Travel
- Computers
- Art
- Music
- Walking/Hiking
- Nature
- Science
- Math
- Gardening
- Shopping
- Cooking
- Crafts
- Collecting

Sports (Specify) _____

Mentor CHECKLIST FOR A GOOD STUDENT MATCH

Mentor's Name: _____

School or Boys and Girls Club You Prefer: _____

Student Grade You Prefer: _____

Please check all of the statements below that you can answer "YES" to:

- _____ I would enjoy a creative student.
- _____ I can work with someone struggling academically and would not mind doing a little tutoring if I like the subject.
- _____ I can tutor a student.
- _____ I can work with a student in need of organizational skills.
- _____ I can work with a student struggling with peer relationships.
- _____ I can work with a student having problems with parents.
- _____ I can work with a potential "drop-out" student.
- _____ I can work with a student who is in the Alternative School (grades 6-12) due to disciplinary action.

Do you have a physical handicap you want known before your student is selected, such as a hearing problem, etc.? If so, please indicate what it is:

Mentor Contract

Please read each of the following carefully, sign your initials in the space before each statement, and sign at the bottom.

As a mentor to students in Hall County and a representative of Center Point Mentor Program, I agree to the following:

____ I will commit to working with my student at least 1 hour a week while school is in session or as arranged by the school, or Boys and Girls Club for the duration of the academic year.

____ If, for any reason, I cannot attend a weekly meeting, I will contact the school counselor or Boys and Girls Club contact ahead of time so that my student will be informed of my absence.

____ In the mentor sign-in notebook I will fill out weekly reports of my visits with my student including the date and time of my visit and note any information that the school counselor or Center Point should be made aware of.

____ I will maintain the confidentiality of my student's personal life, grades, and general school functioning, sharing information with only the school counselor, teacher, or Mentor Director.

____ I will see my student only during school hours on school grounds, or the Boys and Girls Club and will refrain from visiting with my student at any other time unless a Parent Permission Form is obtained from student's parents.

____ If I wish to see my student outside of the school or Club setting, I understand that this activity is NOT a part of the Center Point Mentor Program and would require written parental permission. I understand I am assuming full liability for any such activity. (Note: This does not include activities sponsored by Center Point such as the Mentor Picnic.)

____ I agree to indemnify City of Gainesville Board of Education, Hall County Board of Education, Christian Education Centers, Inc., d/b/a Center Point Mentor Program and Boys and Girls Clubs of Hall County if any claims are asserted against them as a result of any injury occurring to student for any of my actions in activities with student *outside of the school or Club setting*.

____ If, for any reason I cannot fulfill my obligation as a mentor, I will immediately contact the school counselor, Club contact, my mentee and Center Point to apprise them of my situation.

____ If any of my personal information pertinent to the Mentor Program changes (work phone, email, home address), I will contact Center Point with the new information.

____ In signing this document, I agree to the terms written above, and acknowledge that failure to abide by this contract will result in my being asked to resign from Center Point Mentor Program and cease to work with students in a mentoring capacity.

SIGNATURE

DATE



CONFIDENTIAL Mentor Reference

Mentor Applicant _____

This person has applied to become a Center Point Mentor with students of Gainesville City/Hall County Schools or the Boys and Girls Clubs of Hall County. Please respond to the following questions honestly. All information is confidential.

Your Name _____ Email _____

Address: _____

City: _____ State: _____ Phone _____

1. How long have you known this person? _____

2. In what capacity do you know this person (friend, coworker, etc)? _____

3. Do you feel that this person is appropriate to work with children? _____

4. Do you know of any reason why this person should not work with children? _____

5. Would you say that this person is dependable? _____

6. Would you say that this person is consistent? _____

7. Would you say that this person is patient? _____

8. Would you trust this person with your own child? _____

9. Are there any additional qualities you see in this person that will assist them in working with children?

Additional Comments:

SIGNATURE

DATE

**PLEASE RETURN THIS COMPLETED FORM TO CENTER POINT
BY EMAIL MENTORING@CENTERPOINTGA.ORG OR FAX 770.534.8204
OR MAIL 1050 ELEPHANT TRAIL GAINESVILLE, GA 30501**