



Appoquinimink School District

Mentor Application Form

Name: _____

Phone Number: (Home) _____ (Work) _____

Home Address: _____

Gender: Male Female Date of Birth: ___/___/___ E-Mail: _____

Current Employer: _____ Occupation: _____

Circle your level of educational attainment: High School Some College Bachelor's Masters PhD

Are you involved in any other fraternal, social, or civic activities? Yes No

If yes, please list: _____

Do you speak any language in addition to English? Yes No

If yes, please list: _____

Do you have any previous experience mentoring/volunteering with youth? Yes No

If yes, please explain: _____

Have you ever been arrested? Yes No

If yes, please explain: _____

Please note briefly why you have chosen to participate in the mentoring program.

Personal References

Please list the name, address, and telephone number of two people you have know for at least three years. DO NOT use more than one relative as a reference. A mentoring coordinator will be contacting these individuals. We ask that you alert your references in advance.

1. Name: _____

Address: _____ Daytime Phone: _____

Relationship: _____ Years known: _____

2. Name: _____

Address: _____ Daytime Phone: _____

Relationship: _____ Years known: _____

Program Preferences

When would you prefer to meet with your mentee? During lunch During school After school

Please indicate your program preference: Academic Social E-Mentoring No preference

Please list any hobbies or special skills: _____

Indicate any preferences you may have for the following:

Grade level: PreK or K'garten 1-5 6-8 9-12 No preference – assign me where I'm needed most

Gender: M F No preference

English as a Second Language Student (ESL): Yes No No preference

School: _____ No preference

Whenever possible, we will try to honor your request.

Informed Consent

Please read carefully before signing.

- I understand that the mentoring program involves spending a minimum of one-hour per week for the academic year.
- I understand that I will be required to complete the mentor program orientation and at least one training session before I start my mentoring.
- I understand that all mentors who come in regular contact with Delaware students must submit to a limited criminal history check and a TB screening.
- I authorize any persons listed above as references on this application to furnish information concerning my personal character, habits or employment record.
- I certify that the facts contained in this application are true and complete to the best of my knowledge.

Signature

Date

