



# 2023-2024 Mentor Application

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**Directions:** Please complete this form in its entirety. All fields are required.

**Identification/Personal Background Information:**

Name (First, Middle, Last): \_\_\_\_\_

Salutation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_

**Career Field:**

- Agriculture, Food, and Natural Resources
- Architecture and Construction
- Arts, Audio/Video Technology and Communications
- Business, Management, and Administration
- Education and Training
- Energy
- Science, Technology, Engineering, and Mathematics
- Finance
- Government and Public Administration
- Health Science
- Hospitality and Tourism
- Human Services
- Information Technology
- Law, Public Safety, and Security
- Manufacturing

- Marketing, Sales, and Service
- Military
- Transportation, Distribution, and Logistics

Are you a graduate of the Take Stock in Children program?:  Yes  No

If yes, in what year did you graduate High School? \_\_\_\_\_ County? \_\_\_\_\_

How do you identify?

Gender:  Female  Male

Race:  American Indian/Native American  Asian  Black/African-American

Multiracial  Pacific Islander/Hawaiian  White

Other \_\_\_\_\_

Ethnicity: Are you of Hispanic origin?  Yes  No

Additional Language(s) spoken: \_\_\_\_\_

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

Are You married?  Yes  No

Do you have children?  Yes  No

If so, please tell us the following:

# Children \_\_\_\_\_ Age(s) \_\_\_\_\_

**Mentor Contact Information:**

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Location Preference:**

- In School/In-Person Only     Virtual Only     Hybrid of In-Person and Virtual
- No Preference

**If available, would you prefer to mentor a student nearest year work or home address?  
Check box options below:**

- I prefer to mentor a student nearest my home address.
- I prefer to mentor a student nearest my work address.
- I do not have a preference.

**Highest education level completed** (Check all that apply):

- Some school, not a high school graduate     GED     High school graduate
- Associate's Degree
- Technical/Vocational Certificate
- Bachelor's Degree
- Master's Degree
- Doctorate
- Other \_\_\_\_\_

Are you a first-generation college graduate\*?     Yes     No

\*(Neither parent has earned a baccalaureate degree or higher)

**Degree Field** (Check all that apply):

- Agriculture, Food, and Natural Resources
- Architecture and Construction
- Arts, Audio/Video Technology and Communications
- Business, Management, and Administration
- Education and Training
- Energy
- Science, Technology, Engineering, and Mathematics
- Finance

- Government and Public Administration
- Health Science
- Hospitality and Tourism
- Human Services
- Information Technology
- Law, Public Safety, and Security
- Manufacturing
- Marketing, Sales, and Service
- Military
- Transportation, Distribution, and Logistics

Are you currently enrolled in any education or training program?  Yes  No

If yes, please specify: \_\_\_\_\_

**Mentor Information:**

How would you describe your communication style?

- Friendly and outgoing  Usually wait to be approached by someone
- Reserved until I get to know someone

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 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 a mentor when I was a teenager

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

- College Admissions \_\_\_\_\_
- College Applications \_\_\_\_\_
- Communication \_\_\_\_\_
- Financial Literacy \_\_\_\_\_
- Financial Aid \_\_\_\_\_
- Health/Wellness \_\_\_\_\_
- Leadership \_\_\_\_\_
- Life Skills \_\_\_\_\_
- Persistence/Resiliency \_\_\_\_\_
- Personal Money Management/Budgeting \_\_\_\_\_
- Problem Solving Skills \_\_\_\_\_
- Self-Advocacy \_\_\_\_\_
- Study Skills \_\_\_\_\_
- Social Skills/Business Etiquette \_\_\_\_\_
- Time Management \_\_\_\_\_
- Other \_\_\_\_\_

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

\_\_\_\_\_

Are there any particular challenges 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.)
- Music       Collecting       Other \_\_\_\_\_

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

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The undersigned acknowledges and agrees that 1) the applicant 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 the applicant a Take Stock in Children student; 3) as a 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 their school liaison or the Take Stock in Children College Success Coach if I am unable to attend a previously scheduled mentoring session.

\_\_\_\_\_ I will not willfully arrange unmonitored contact with my student or without 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 finances as references.

Name	Address	Zip Code	Phone #
1. _____	_____	_____	_____
Relationship _____	_____	Years Known _____	_____
2. _____	_____	_____	_____
Relationship _____	_____	Years Known _____	_____
3. _____	_____	_____	_____
Relationship _____	_____	Years Known _____	_____

If you are a currently employed, please print the name and address of your work supervisor. If employed less than 6 months, the previous employer.

4. _____	_____	_____	_____
	Address	Zip Code	Phone #

### Liability Release/Consent for Release 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 (local program) 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 in 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.
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**2023-2024 In-Person and Virtual Mentoring Name  
and Likeness Recording and Usage Consent and Release**

**TAKE STOCK IN CHILDREN MENTORS:**

I, \_\_\_\_\_, the undersigned, certify, represent and warrant that I am a Take Stock in Children Mentor. This Consent and Release applies to my involvement in Take Stock in Children programs and activities, including, without limitation, in-person mentoring of students, as well as distance-based, virtual mentoring of students to facilitate online program activities through online platforms (“Virtual Mentoring”).

For good and valuable consideration, the receipt of which is hereby acknowledged, the undersigned (“I” or “me”), as the Mentor hereby irrevocably authorizes TSIC, Inc. d/b/a Take Stock in Children (“TSIC”), its affiliates and each of its and their respective representatives, licensees, successors and assigns and those acting with authorization from Monroe County Education Foundation (the “Lead Agency”) or TSIC (collectively, the “TSIC Program Providers”) to monitor, record and store Virtual Mentoring sessions and activities that I participate in for record-keeping, safety and security Purposes, as well as film, videotape, photograph and/or record my voice and image while participating in Virtual Mentoring and any other in-person or virtual program, event, or activity organized by TSIC Program Providers, and I irrevocably grant the right and authorize each of them to store, reproduce, edit and create derivative works based upon such film, videotape, photography and/or recording (collectively, the “Works”), as well as display, publicly, distribute, transmit or otherwise use the Works and my voice, name and likeness, in whole or in part, either alone or in conjunction with other material in or in connection with the Take Stock in Children Program’s events, products and services, as well as in advertising and promotion thereof in any form or format which may be reproduced, distributed, transmitted, exhibited and/or otherwise exploited, in whole or in part, alone or in conjunction with other material for the TSIC Program Providers’ own account in perpetuity throughout the world in any and all manner or media now known or hereafter devised including, without limitation, all forms of television, radio, print and the Internet.

I acknowledge and agree that as between myself and the TSIC Program Providers, the TSIC Program Providers shall exclusively own any and all rights in the Works and all elements thereof including, without limitation, all rights of attribution, more rights and copyrights throughout the world in perpetuity. For avoidance of doubt, I hereby irrevocably assign to the TSIC Program Providers any and all rights I may have in and to the Works as well as any results and proceeds of such Works or my appearance in the Works. I agree not to use, reproduce, distribute or otherwise exploit the Works myself or authorize others to do so without the TSIC Program Providers’ prior written consent.

I hereby irrevocably release the TSIC Program Providers from, and agree not to assert, any and all claims I have or may have in the future, known or unknown arising for such use including, without limitation, claims of invasion of privacy, violation of right of publicity, defamation, false light, moral rights, royalties or other compensation or any other claims and waive any and all equitable or injunctive. The TSIC Program Providers shall not be obligated to make any payment to me for the use of my name, likeness, appearance, voice or other attributes in the Works or their exploitation, to produce or exploit the Works or to include my appearance therein even if produced and neither I shall have any right to review or approve any of Works, or their use. I certify and acknowledge that my appearance is not governed under the provisions of any collective bargaining agreement. I represent and warrant that I am over eighteen (18) years of age and have all necessary capacity, power and authority to grant this release and that no consent or authorization is required to be obtained in order for me to grant thin release. I agree to indemnify and hold the TSIC Program Providers harmless from and against any claim, liability or obligation of any kind arising from the statements made by me in the Works, my appearance in the Works, use of my name, voice, likeness and the rights granted herein, or any a breach of any of the representations and warranties made hereunder. This grant is irrevocable, perpetual, worldwide, transferable parties with respect to its subject matter, and may not be changed or terminated except by an instrument signed by the TSIC Program Providers and me.

\_\_\_\_\_  
Print Mentor Name

\_\_\_\_\_  
Mentor Signature

Date: \_\_\_\_\_





**2023-2024 MENTOR POLICY ADHERENCE AGREEMENT**

**Please initial your approval next to each statement.**

\_\_\_\_\_ As a mentor in the Take Stock in Children program, I will always act in a manner that is in the best interest of my student.

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

\_\_\_\_\_ I will notify my student or their school liaison or the Take Stock in Children College Success Coach if I am unable to attend a previously scheduled meeting.

\_\_\_\_\_ I will not willfully arrange unmonitored contact with my student or without 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.

\_\_\_\_\_  
Mentor Name (please print)

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Services Coordinator Name (please print)

\_\_\_\_\_  
Student Services Coordinator Signature

\_\_\_\_\_  
Date