



Danbury Schools and Business Collaborative

**MENTOR Application** (All mentors must complete)

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Please PRINT NEATLY AND LEGIBLY or TYPE & circle answers where appropriate)

**Personal Information:**

Name \_\_\_\_\_: Gender: Male Female  
Last First MI

Address \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ email: \_\_\_\_\_

Name/address of employer \_\_\_\_\_

Work phone ( ) \_\_\_\_\_ Occupation/Title \_\_\_\_\_ Where do you prefer to receive mail: Home Work

**Volunteer Information:**

1. Indicate your grade preference: \_\_\_\_\_ Elementary \_\_\_\_\_ Middle \_\_\_\_\_ High School

2. Do you prefer: 1. \_\_\_ A Boy 2. \_\_\_ A Girl 3. \_\_\_ No Preference

3. Do you prefer to mentor at a particular school? If yes, please list \_\_\_\_\_

4. What days of the week are you available to volunteer? (circle all that apply): **Mon. Tues. Wed. Thur. Fri.**

5. What do you feel are the strengths (bilingual, skills, previous relevant volunteer experience, etc) you can bring this program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Write a brief statement on why you have chosen to participate in the mentor program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you ever been convicted of a criminal offense or charged with any offense against a child? YES NO

(Please turn over and complete the other side)

## Mentor Profile Page 2 - MENTOR AGREEMENT

As a company volunteer mentor at \_\_\_\_\_ or as an independent mentor in the DSABC Mentor Program, I (name) \_\_\_\_\_ agree to:

- mentor for one hour per week consistently for a minimum of one year.
- accept my assignment with an open mind.
- attend a training session
- notify the school office if I am unable to keep my weekly session.
- accept and/or ask for assistance from the school liaison, my student's teacher and/or support staff.
- keep matters confidential regarding my student and his/her family, unless this poses a threat to themselves or someone else
- notify the DSABC Director of any changes in my employment, address, and telephone number.
- notify my company or the DSABC Director of a desire to change the student I am working with
- notify my company or the DSABC Director if I can no longer continue.
- conduct all individual mentoring activities in a public or semi-private area in full view of school staff

### MENTOR RELEASE STATEMENT

I, the Undersigned, hereby state that if accepted as a Mentor, I agree to abide by the rules and regulations of the DSABC Mentor Program. I understand that the program involves spending one hour each week at the assigned school with my mentee from September to June at the assigned location. Further, I understand that I will attend an orientation session, be involved in training during the year, and communicate with the school liaison regularly during this period. I am willing to commit one school year in the program and will then be asked to renew for another year. **I have not been convicted, of any felony or misdemeanor**, classified as an offense against a person or family, of public indecency, or a violation involving a state or federally controlled substance. I am not under current indictment. Further, I hereby fully release, discharge, indemnify, and hold harmless the DSABC Mentor Program, Danbury Public Schools, participating organizations and all of the foregoing's employees, officers, directors, coordinators, Board members and agents from any and all liability, claims, causes of action, costs and expenses which may be or may at any time hereafter become attributable to my participation in the DSABC Mentor Program.

I understand that program staff reserves the right to terminate a mentor from the program with or without cause. I understand that the DSABC Mentor Program and relationships established take place only on Danbury school property within the confines of the school day and occasional Program sponsored and organized activities. This program does not encourage, condone, or approve of relationships established between mentor/mentee and family members beyond the school day and Program organized activities. Any such contacts are prohibited as outside the scope of the program and could result in the termination of the participation of the mentor in the program.

I give permission for Mentor staff to conduct a criminal background check as part of the screening for entrance into this program. This may include verification of personal and employment references as well as a criminal check with the local authorities.

**I have read the above Mentor Agreement and Release Statement and agree to their contents. I certify that all statements in this profile application are true and accurate.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Please complete both sides of this profile & Return to:**

Your Business Liaison or if an Independent Mentor to

DSABC

63 Beaver Brook Rd- Danbury, CT 06810

#### FOR OFFICE USE ONLY

Mentor Applications \_\_\_\_\_

Mentor Release \_\_\_\_\_

Background Complete \_\_\_\_\_

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

Badge: \_\_\_\_\_

Matched where/who: \_\_\_\_\_

Entered into System: \_\_\_\_\_

