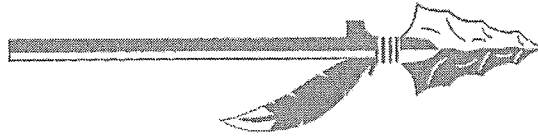




# Braves Mentoring Application



## Personal Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

\_\_\_\_\_  
*Maiden Name or Other Legal Name*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

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

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

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

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

The following information is requested for input into our database and is not a determinant of eligibility to mentor.

### Race:

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Pacific Islander
- ☐ White
- ☐ Other: \_\_\_\_\_

### Highest Level of Education (check one):

- ☐ Grade school
- ☐ High school
- ☐ College
- ☐ BA
- ☐ MA
- ☐ PhD

### Ethnic Indicator:

Hispanic/Latino YES NO

### Identify all service organizations, faith-based entities, or community groups you are affiliated with:

- ☐ Faith-based: \_\_\_\_\_
- ☐ Rotary ☐ Lions ☐ Elks
- ☐ Knights of Columbus
- ☐ Other: \_\_\_\_\_

### How did you hear about the mentoring program?

Do you have children enrolled in the school district? YES NO

School: \_\_\_\_\_ Grades: \_\_\_\_\_

### Reference Information

Please provide the following information for three references (required for eligibility).  
Retired or self-employed applicants please list an additional friend reference.

	Family Reference	Friend Reference	Employer Reference
Name			
Address			
City, State, Zip Code			
Home Phone			
Cell Phone			
Relationship			
Email			

I give permission for Braves Mentoring to run a criminal and abuse registry check. \*Background checks will be run every three years.

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

## Mentor Agreement

I, \_\_\_\_\_ (your name) acknowledge that if accepted as a Braves Mentor I agree to abide by the rules and regulations of the Braves Mentoring Program. I understand that the program involves spending time weekly at the Cherokee Middle School with my student during the school year. I will be committed to one year in the program and will have the opportunity to renew for another year. I have not been convicted or had a final disposition of a conviction of any felony or misdemeanor classified as offenses against a person or family, or public indecency, or a violation involving a state or federally controlled substance. I am not currently under indictment. **I give permission for Braves Mentoring/Cherokee Community Schools to conduct a periodic criminal background check, sex offender registry check, and child/adult abuse inquiry.** Further, I hereby fully discharge school personnel and participating companies or organizations from any and all liability, claims, causes of action, costs and expenses which may be attributable to my participation in the Braves Mentoring Program.

In connection with my application to volunteer I understand that references may be requested that will include information as to my character, work habits, performance, and experience.

I hereby authorize, without reservation, any law enforcement agency, institution, information service, bureau, school, employer, and reference contacted by a representative of Braves Mentoring to furnish information described above. I understand that in the event a decision is made based upon the results of background check, a report will be furnished to me upon my request.

I also agree to:

- Actively participate in a training session before beginning.
- Be on time for scheduled meetings.
- Sign in on the volunteer registration sheet at the school prior to each visit.
- Notify the school if I am unable to keep my scheduled meeting with my youth.
- Engage in the one-to-one mentoring with an open mind.
- Accept assistance from the student's teachers and the Braves Mentoring Program Coordinator.
- Keep discussions with the student confidential, except to inform the teacher or program coordinator about situations that are negatively affecting the student's health or welfare.
- Ask the program coordinator when I need assistance or do not understand something.
- Notify the program coordinator of any changes in my employment, address, or phone number.
- Notify the program coordinator of any problems or difficulties with the relationship.
- Notify the program coordinator if any criminal charges brought against me while I am a Mentor.
- Cooperate with the program's policies and procedures.
- Allow Braves Mentoring to use my photograph/image or likeness as needed.

I under the Braves Mentoring Program reserves the right to deny acceptance to any mentor and to terminate a mentor from the program.

**I have read the above statements and agree to the contents. To the best of my knowledge and belief, all statements in my application are true and accurate.**

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





## Mentor Matching Tool

Mentor's Name: \_\_\_\_\_

Interviewer: \_\_\_\_\_

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

### What were you favorite subjects in school?

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> No Preference | <input type="checkbox"/> Art       | <input type="checkbox"/> Band                      |
| <input type="checkbox"/> Business      | <input type="checkbox"/> Choir     | <input type="checkbox"/> Computer Technology       |
| <input type="checkbox"/> English       | <input type="checkbox"/> Geography | <input type="checkbox"/> Family & Consumer Science |
| <input type="checkbox"/> History       | <input type="checkbox"/> Math      | <input type="checkbox"/> Industrial Technology     |
| <input type="checkbox"/> Music         | <input type="checkbox"/> PE        | <input type="checkbox"/> Reading                   |
| <input type="checkbox"/> Science       |                                    |  |

How important is subject interest in finding the best mentee for you? (Please circle one)

Less Important    1    2    3    4    5    More Important

### What personality traits would you like in a student?

- |  |                                      |                                      |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> No Preference | <input type="checkbox"/> Adventurous | <input type="checkbox"/> Carefree    |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Competitive | <input type="checkbox"/> Confident   |
| <input type="checkbox"/> Curious       | <input type="checkbox"/> Energetic   | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Open-minded   | <input type="checkbox"/> Outgoing    | <input type="checkbox"/> Planner     |
| <input type="checkbox"/> Shy           |                                      |                                      |

How important is personality in finding the best mentee for you? (Please circle one)

Less Important    1    2    3    4    5    More Important

### What hobbies or interests would you like to share with your mentee?

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Being Creative | <input type="checkbox"/> Technology & Gaming |
| <input type="checkbox"/> Outdoors | <input type="checkbox"/> Learning       | <input type="checkbox"/> Sports & Fitness    |
| <input type="checkbox"/> Food     | <input type="checkbox"/> Music          | <input type="checkbox"/> Traveling           |
| <input type="checkbox"/> Movies   |   |  |

How important are interests in finding the best mentee for you? (Please circle one)

Less Important    1    2    3    4    5    More Important

What other interests/hobbies do you have that are not listed?

Students in the Braves Mentoring Program have a wide variety of gifts, talents, and life experiences. To help us make a better match, please indicate (with an X or a check) (1) if you have any professional experience in the areas listed below or (2) whether you have interest in mentoring students in these areas. Since we realize there are many other gifts and talents you may want to share with a young person that are not listed, please include those in the text box below.

	Professional Experience	Interested	Not Interested	No Preference
ADHD				
Autism				
ELL (English Language Learner)				
Foster Care				
Gifted Education				
Leadership Development				
Military Service				
Vocational/Trade				

Do you have any additional life experiences or comments that would help to find the best match for you?

When are you able to start mentoring? \_\_\_\_\_

How would like to spend your time with your mentee? (Mark as many as you want)

- |  |   |
|--|---|
| <input type="checkbox"/> Talking           | <input type="checkbox"/> Video Games (Wii, Guitar Hero, etc.)         |
| <input type="checkbox"/> Doing Arts/Crafts | <input type="checkbox"/> Sports Activities (Basketball, Frisbee, etc) |
| <input type="checkbox"/> Board/Card Games  | <input type="checkbox"/> Other: _____                                 |

Do you have any time limitations for when you will be available to mentor that Braves Mentoring should know about?

Any questions or concerns you have before you start mentoring?