



**Coles County
Entrepreneurship Class
Mentor Application**

Eastern Illinois Education for Employment System 340
1617 Lakeland Boulevard, Mattoon, IL 61938
Ph. 217-258-6283 * Fax 217-258-6284

Coles County Entrepreneurship Mentor Application Instructions

Thank you for your interest in being a class Mentor. To ensure the safety and security of all students, anyone interested in being a mentor is required to complete this packet of information and return it.

1. Disclosure and Authorization

The Class Board will complete a background check on each individual who agrees to mentor our students including:

- Sex Offender List - Required by Law (Federal & State)
- Child Murderer and Violent Offender Against Youth Database - Required by Law
- Criminal Background Check - As required by Insurance Carrier/District Policy
- Any other checks as required by law

Please complete the Disclosure and Authorization Form.

2. Summary of Rights

The Summary of Rights explains your rights under the Fair Credit Reporting Act. This information is for you to read and keep.

3. Mentor Waiver Form

Each mentor is required to sign a waiver stating that the Class Board does not provide liability insurance coverage to non-school personnel. This form must be signed and returned along with the completed application form and the Disclosure and Authorization.

4. Acknowledgement of Mandated Reporter Status

Each mentor is required to become familiar with the Abused and Neglected Child Reporting Act and sign the acknowledgement form included with this information.

Upon complete review of your application form and appropriate verifications, the Board will notify you of successful completion. This process may take up to 10 days to complete.

Please mail completed forms to:
Eastern IL Education for Employment System 340
Attn: Laura Sullivan
1617 Lakeland Blvd.
Mattoon, IL 61938

Mentor Application Form

PERSONAL INFORMATION:

Name: _____
Last First MI

Maiden Name or if known by any other name: _____

Address: _____
Street City State Zip

Phone Number: (____) _____ - _____ E-Mail: _____

Personal physician: _____ Phone: _____

Emergency adult contact: _____ Phone: _____

Have you ever been a school volunteer? Yes No

If Yes, Name of School: _____

BACKGROUND INFORMATION:

Please answer the following questions completely. Any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection as a mentor. The Class Board reserves the right to reject any applicant for any legitimate, nondiscriminatory reason.

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child in any legal proceeding?

Yes No

If yes, please explain: _____

Do you currently have any outstanding criminal charges or warrants for your arrest pending against you? Yes No

If yes, please explain: _____

REFERENCES

Please identify who recommended that you become involved as a class mentor:

Name

Phone

WAIVER OF LIABILITY & AUTHORIZATION FOR REFERENCE & CRIMINAL BACKGROUND CHECKS

All information in this application is accurate to the best of my knowledge. As a condition of being permitted to mentor for Entrepreneurship students, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from my volunteer experience, including but not limited to, any activity while volunteering on district property. I hereby agree to waive any and all claims arising out of any such injury or damage.

Applicant's Signature: _____

Date: _____

DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

This release shall be limited to VOLUNTEERS relating to the undersigned.

NOTICE REGARDING BACKGROUND INVESTIGATION

Coles County Entrepreneurship Mentoring Program ("the Company") may obtain information about you for purposes of volunteering or mentoring. These reports include a Social Security Trace, State and Federal Sex Offender Check, Violent Offender Against Youth Database Check, and a Nationwide Criminal Background Check. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative report. Please be advised that the nature and scope of the investigative report obtained with regard to applicants or volunteers is a Social Security Trace, State and Federal Sex Offender Check, Violent Offender Against Youth Database Check, and a Nationwide Criminal Background Check conducted by Bushue Human Resources, Inc., 104 N. Second St., Suite B, Effingham, IL 62401, (217) 342-3042, or toll free at (877) 342-3042.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand this document. I hereby authorize the obtaining of Social Security Trace, State and Federal Sex Offender Checks, Violent Offender Against Youth Database Check, and a Nationwide Criminal Background Check by the Company at any time after receipt of this authorization and throughout my employment and/or service, if applicable. To this end, I hereby authorize, without reservation, any and all entities as contacted by Bushue Human Resources, Inc. in order to obtain the Social Security Trace, State and Federal Sex Offender Checks, Violent Offender Against Youth Database Check, and a Nationwide Criminal Background Check to furnish any and all background information requested by Bushue Human Resources, Inc., 104 N. Second St., Suite B, Effingham, IL 62401, (217) 342-3042, or toll free at (877) 342-3042, another outside organization acting on behalf of **Coles County Entrepreneurship Mentoring Program**, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name _____ First _____ Middle _____

Other/Alias _____

Social Security* # _____ Date of Birth* _____

Driver's License # _____ State of Driver's License _____

Present Address _____ Phone # _____

City/State/Zip _____

Signature: _____ Date: _____

***This information will be used for background screening purposes only and will not be used as hiring criteria.**

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identify theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers Asst. General Counsel for Aviation Enforcement & Proceedings	Department of Transportation 400 Seventh Street SW Washington, DC 20590

4. Creditors Subject to Surface Transportation Board Office of Proceedings, Surface Transportation Board	Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies Associate Deputy Administrator for Capital Access	United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

FCRA updated December 2012 ~ Bushue HR

WAIVER OF LIABILITY

The Entrepreneurship Board, Eastern Illinois Education for Employment System 340 (the System) and associated school entities do not provide liability insurance coverage to non-school personnel serving as volunteers. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the Class Board or the System and to document the volunteer's acknowledgment that they are providing volunteer service at their own risk. By signing below:

- 1) You acknowledge that the **Class Board, the System and associated school entities** do not provide insurance coverage for the volunteer/mentor for any loss, injuries, illness or death resulting from the volunteer's unpaid service to the program.
- 2) You agree to assume all risk of injury, illness, damage, or loss of any nature or kind, arising out of your volunteer assignments whether supervised or unsupervised service to the district. Agree to waive any and all claims against the district, its officers, Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the mentor's supervised or unsupervised service to the program.

Volunteer/Mentor Signature

Date

Print Name

Eastern Illinois Education for Employment System 340

State of Illinois – Dept. of Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____ understand that when I am
(Mentor Name)
employed/volunteering as

(Type of Mentor/Volunteer Service)

I will become a mandated reporter under the Abused and Neglected Child Reporting Act (IL. Rev. Stat. 1985, ch. 23, pars. 2051 et seq.). This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-252-2373) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24 hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect. I know that if I willfully fail to report suspected child abuse or neglect I may be found guilty of a Class A misdemeanor. (This does not apply to physicians who will be referred to the Illinois State Medical disciplinary Board for action.)

I also understand that if I am subject to licensing under the Illinois Nursing Act, the Medical Practice Act, The Psychologist Registration Act, the Social Workers Registration Act, the Dental Practices Act, the School Code, or “AN ACT to regulate the practice of Podiatry,” I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Mentor Signature

Date

Screening & Registration

Any person interested in volunteering with the Entrepreneurship Class must complete the entire application process including background and reference checks. We are concerned with the safety of our students and therefore, have developed a detailed process for approving volunteers/mentors. We will check the following for each person interested in volunteering with the school district:

- State and Federal Sex Offender Databases
- Nationwide Criminal Record Search
- Child Murderer and Violent Offender Against Youth Database
- Current and Previous Employer(s)

Mandated Reporter Guidelines

Any volunteer/mentor who suspects or receives knowledge that a student may be an abused or neglected child shall immediately report such a case to the Illinois Department of Children and Family Services. The volunteer/mentor shall also promptly notify the Eastern Illinois Education for Employment System (the System) Director that a report has been made. All volunteers/mentors shall sign the “Acknowledgement of Mandated Reporter Status” form provided in this packet to be kept on file with the System. The System shall provide staff development opportunities for all school personnel working with students, in the detection, reporting, and prevention of child abuse and neglect.

Volunteer Safety & Conduct Guidelines

These guidelines have been developed to provide our students with a safe environment as well as to protect our volunteers.

Open Door Rule: While working with students, mentors should be in the open where others can see them.

Student Discipline: Volunteers should not take any disciplinary action. This is the teacher’s responsibility. However, volunteers should make the teacher aware of any misbehavior.

Confidentiality: It is very important that matters relating to the students you are working with, information relayed by teachers concerning the student, all school records, and any related instances be kept confidential at all times. Names, instances and conversations should not be repeated to anyone who is not directly involved.

Drug/Alcohol Free Campus

All District workplaces are drug-and alcohol-free workplaces. All volunteers/mentors shall be prohibited from:

1. The unlawful manufacture, dispensing, use, sale, possession, distribution or transportation of drugs, controlled substances, or alcohol while performing as a mentor for the CEO class is strictly prohibited and may result in discipline up to and including termination of assignment.
2. Drugs and alcohol may not be bought or consumed while performing as a mentor.
3. Mentors will not be permitted to meet with their mentee(s) while under the influence of alcohol or prohibited drugs in their systems. Prohibited drugs include illegal substances, alcohol, or prescription drugs that may affect the ability to safely perform the job.

Sexual Harassment Policy

The Entrepreneurship class shall provide an environment free of unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct, or communications constituting sexual harassment as defined and otherwise prohibited by State and Federal law.

Class mentors shall not make unwelcome sexual advances or request sexual favors or engage in any unwelcome conduct of a sexual nature when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's ability to mentor; (2) submission to or rejection of such conduct by an individual is used as the basis for mentor decisions affecting such individual; or (3) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. Sexual harassment prohibited by this policy includes verbal or physical conduct. The terms intimidating, hostile, or offensive include, but are not limited to, conduct that has the effect of humiliation, embarrassment, or discomfort. Sexual harassment will be evaluated in light of all the circumstances.

A violation of this policy may result in discipline, up to and including discharge. Any person making a knowingly false accusation regarding sexual harassment will likewise be subject to disciplinary action, up to and including discharge.

Aggrieved persons, who feel comfortable doing so, should directly inform the person engaging in sexually harassing conduct or communication that such conduct or communication is offensive and must stop.

Volunteers/Mentors should report claims of sexual harassment to any Administrator and/or Class Board Member. Volunteers/Mentors may choose to report to a person of the same sex. Initiating a complaint of sexual harassment shall not adversely affect the complainant's employment or assignments.

There are no express time limits for initiating complaints and grievances under this policy; however, every effort should be made to file such complaints as soon as possible, while facts are known and potential witnesses are available.

Whom to Contact with a Report or Complaint

Nondiscrimination Coordinator:

Gary Philippi
Eastern Illinois Education for Employment System 340
1617 Lakeland Blvd
Mattoon, IL 61938
217-258-6283

Sexual Misconduct Policy

The Coles County Entrepreneurship Class and Eastern Illinois Education for Employment System (the System) will not tolerate and will seek to eradicate any behavior by its employees, volunteers, or others which constitutes Sexual Misconduct toward another employee, volunteer, or other. "Sexual Misconduct" means any actual, attempted or alleged sexual molestation, assault, abuse, sexual exploitation or sexual injury. "Sexual Misconduct" does not include "sexual harassment."

Reporting Procedures and Designated Child Abuse Contact

It is the express policy of the district to encourage victims of Sexual Misconduct, and their parents or guardians in the case of minors, to come forward with such claims. The Entrepreneurship class has a Designated Child Abuse contact who shall remain accountable for implementation and monitoring of this policy. The identity of the Designated Child Abuse Counselor shall remain on file with the System. In order to conduct an immediate investigation, any incident of Sexual Misconduct must be reported as quickly as possible in confidence, as follows:

Employees and Volunteers/Mentors: Employees and volunteers/mentors are required to report any known or suspected incidents of sexual misconduct according to the Illinois mandatory reporting guidelines. They must also report to their direct supervisor, the district administrator or the Designated Child Abuse Contact. If the report is made to the teacher or class administrator, that individual shall immediately notify the Designated Child Abuse Contact. If the person to whom an employee or volunteer/mentor is directed to report is the offending person, the report should be made to the next higher level of administration.

Children: Each year, parents or legal guardians of children shall be advised of the contents of this Sexual Misconduct Policy and be instructed to report any incident of known or suspected sexual misconduct to a supervisor, the System administrator or the Designated Child Abuse Counselor, unless that individual is the offending person. If the complaint is made to the teacher or the class administrator, that individual shall follow Illinois mandatory reporting policy and immediately notify the Designated Child Abuse Contact.

Investigation & Confidentiality

All formal complaints will be given a full, impartial and timely investigation. During such investigation, while every effort will be made to protect the privacy rights of all parties' confidentiality cannot be guaranteed.

Discipline

Any Entrepreneurship class or System employee or volunteer/mentor who is determined, after an investigation, to have engaged in sexual misconduct in violation of this policy will be subject to disciplinary action up to and including termination of employment. False accusations regarding sexual misconduct will not be tolerated, and any person knowingly making a false accusation will likewise be subject to disciplinary action up to and including discharge, with regard to employees or volunteers.

The System will discipline any individual who retaliates against any person who reports alleged sexual misconduct or who retaliates against any person who testifies, assists or participates in an investigation, a proceeding or a hearing relating to a sexual harassment complaint. Retaliation includes, but is not limited to, any form of intimidation, reprisal or harassment.

Acknowledgement, Agreement & Receipt of Mentor Handbook

The undersigned hereby acknowledges receipt of a copy of the CEO Class/Eastern Illinois Education for Employment System Mentor Handbook.

Mentor Name (Printed)

Mentor Signature

Witness Signature

Date

(This acknowledgement and agreement will be retained in the mentor's file).