



TAUNTON AREA SCHOOL TO CAREER

"Empowers Youth to Succeed"

Career Mentor Program 2022 Mentor Registration Form

Thank you for your willingness to participate in the AHS/TASC Career Mentor Program. This program is supported by The Mass Mentoring Project, The United Way, and by the efforts and generosity of donors and volunteers like you. Thank you.

The Career Mentor Program provides students with “meaningful workplace/career exploration experiences.”

The experiences should enhance students’ understanding of:

- The relationship between school and career opportunities.*
- The importance of a good work ethic and a sense of responsibility.*
- The employment/career and education opportunities within our community.*

Each mentor has an opportunity to develop a brief but valuable relationship with a student with the ultimate goal of helping the student be the “best that he or she can be.”

“A mentor is someone who allows you to see the hope inside yourself.”

Oprah Winfrey

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For Office use only:

Shavon Tolson, Program Director
AHS/TASC
68 Allison Ave ~ Taunton, MA 02780
Tel: (508) 880-0202 ~ Fax: (508) 880-2425
Stolson@ahsinc.org

CORI/SORI	
ID	
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AHS/TASC
CAREER MENTOR PROGRAM
2022
MENTOR Registration & PROFILE

Name: _____

Phone: _____

Work: _____

Cell: _____

Fax: _____

Email: _____

Employment Information:

Company: _____

Position/Title: _____

Address: _____

General Responsibilities:

Education:

Shavon Tolson, Program Director

AHS/TASC

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High School: _____

College: _____

Degree: _____

Special Interests, Clubs & Activities in College or High School. (Sports, yearbook, school newspaper, etc.)

Interests, Hobbies & Talents: (art, music, sports, gardening, hiking, shopping, etc.)

Languages Spoken:

Mentor School Assignment Preference:

Our program serves our 3 partner schools; Bristol County Agricultural High School (BA), Taunton Alternative High School (TAHS) and Taunton High School (THS). Please indicate **in order of preference**, the school you wish to be assigned. If you have no preference, please check the "No Preference" line. Please be aware that, though every effort will be made to honor your preference, it is not always possible.

BA: _____

TAHS: _____

THS: _____

No Preference: _____

New Mentor References

Shavon Tolson, Program Director
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Please provide two professional references or a combination of one professional reference and one personal reference.

Mentor Name: _____

Reference 1

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Work Phone: _____ **Cell Phone:** _____

Email: _____ **Fax:** _____

Relationship: (please check appropriate box)

Personal

Professional

Number of Years Known: _____

Reference 2

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Work Phone: _____ **Cell Phone:** _____

Email: _____ **Fax:** _____

Relationship: (please check appropriate box)

Personal

Professional

Number of Years Known: _____

Shavon Tolson, Program Director

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Program Requirements for Mentors

Mentor Registration & Profile

References

Confidentiality Form (See Attached)

CORI Background Check (See Attached)

Massachusetts's law (MGLc.6-172C) requires that a CORI (Criminal Offense Record Information) check be completed and returned for any individual working with children and adolescents affiliated with a Department of Education Program. Please complete the attached form with an original signature (fax copies are not acceptable) and a photocopy of your driver's license. Please return it along with this profile as soon as possible. CORI requests usually take 3- 4 weeks. Thank you for your cooperation. (CORI reports must be renewed after 3 years).

SORI Background Check (BA only) (See Attached)

Please Note* CORI & SORI forms need to be completed in person and your license must be copied onto the front of the form.

Proof of Auto Insurance

Mentees will be traveling with you in your vehicle to program events. You will need to have current auto insurance. A copy of your registration stamped by insurance company or a copy of your insurance policy serve as proof of insurance.

Training

All new mentors are required to participate in a training & orientation session provided by AHS/TASC prior to meeting with mentees.

Please note – All mentees' parents/guardians are required to sign a program permission form, liability waiver and to provide documentation of adequate student insurance. These documents grant students permission to participate in the program and absolve you, the mentor, of responsibility in a variety of events and circumstances. No student is accepted into the AHS/TASC Career Mentor Program without the required, signed documentation.

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Permission to Share Mentor Contact Information

On occasion, AHS/TASC Career Mentor Program staff are asked to share the mentor's contact information with mentees parent/guardian and/or the mentee's school personnel. Please, indicate by initialing below the specific contact information you give AHS/TASC staff permission to share.

Cell Phone: _____

Work Phone: _____

Personal Email: _____

Work Email: _____

No, do not share my contact information. _____

Print Name: _____

Date: _____

Signature: _____

Mentor/Volunteer Confidentiality Procedures

Confidentiality

Information you are told about your student or learn from your student is confidential and sharing that information with others is prohibited. In order to encourage trust in your mentor/mentee relationship, assure your student that you will keep confidential information private.

There are however, some circumstances that require you to report information; even information given in confidence. It is critical for the welfare of the student and to protect yourself that you adhere to these exceptions:

- *If a student confides that he or she is the victim of sexual, emotional or physical abuse, you must **immediately** notify Trish O'Brien, Mentor Program Coordinator. Make a note of when this information was reported and to whom it was given. Remember this information is extremely personal and capable of damaging lives, so do not share it with anyone except the appropriate authorities.*
- *If a student tells you of his/her involvement in any illegal activity, you must immediately report this to Trish O'Brien, Program Coordinator. Again, note when this information was reported and to whom it was given.*

Summary

These procedures are designed to protect students from harm and to prevent even the appearance of impropriety on the part of AHS/TASC and its participating mentors, volunteers and students.

We appreciate your participation in the AHS/TASC Career Mentor Program and your adherence to these procedures. If you have any questions, please call Trish O'Brien at AHS/TASC at 508-821-3020.

I have read, understand and agree to strictly abide by the TASC, Inc. Mentor procedures. I understand that failure to adhere to these procedures may result in my removal from participation in the Program.

Print Name: _____

Date: _____

Signature: _____

Photo Release Form

AHS/TASC or various other media, may take pictures or video of participants taking part in Career Mentor Program activities. These images may be used for AHSTASC's displays, brochures, newsletters, archives, news releases, publicity and/or Web Site.

I hereby grant permission to AHS/TASC. to take and reproduce photographs and videotapes for publication, including publication by news sources and other media sources for all educational, trade, advertising and other purposes as determined by AHS/TASC.

Name:

Print: _____

Signature: _____ *Date:* _____

Address: _____

BRISTOL COUNTY AGRICULTURAL HIGH SCHOOL

[Bristol County Agricultural School]

Office of
SUPERINTENDENT DIRECTOR

135 CENTER STREET
Dighton, Massachusetts 02715

Tel. (508) 669-6744, ext. 103
Fax: (508) 669-6747
Email: dempsey@bcahs.com

STEPHEN P. DEMPSEY

GBRCA
CH385
FE333

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

Bristol County Agricultural High School is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, bus drivers, volunteers, license applicants and current licensees.

As a prospective or current employee, subcontractor, volunteer, bus drivers, license applicant and current licensees, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Bristol County Agricultural High School to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Bristol County Agricultural High School with written notice of my intent to withdraw consent to a CORI check.

Bristol County Agricultural High School may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, Bristol County Agricultural High School must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

Reason for Request/Position
(e.g. volunteer, teacher, coach, etc.)

PLEASE COMPLETE THE FOLLOWING LEGIBLY:

Last Name

First Name

Middle Name

Prior Last Names, Maiden or Alias (if applicable)

Date of Birth
(Required) (xx-xx-xxxx)

Last Six Digits of Social Security #
(Required) (xx-xxxx)

Gender

Place of Birth (City & State)

Mother's Maiden Name

Current Address:

Former Address(es) (5 yrs. prior):

Driver's License No./Issuing State

Height

Weight

Eye Color

The above information was verified by reviewing the following form of non-expired government issued photographic identification:

MA Driver's License MA Identification Passport Other _____

Requested By: _____
Verifying Employee

Approved: _____
Stephen Dempsey, Superintendent/Director

Shavon Tolson, Program Director
AHS/TASC

68 Allison Ave ~ Taunton, MA 02780

Tel: (508) 880-0202 ~ Fax: (508) 880-2425

Stolson@ahsinc.org

Commonwealth of Massachusetts
Sex Offender Registry Board

M.G.L. c. 6, § 178I REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*

SOR USE ONLY

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's name: Stephen P. Dempsey Date of birth: _____

Organization name: (if any) Bristol County Agricultural High School

Address: 135 Center Street Telephone number: (508)669-6744
Dighton, MA 02715

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's signature: _____ Date: _____

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Subject's LAST NAME:

Subject's FIRST NAME:

Subject's MIDDLE INITIAL:

Date of birth or approximate age: / / M M D D Y Y Y Y

AGE

Address (PRINT): _____

Personal identifying characteristics:

Sex: _____ Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Other information (e.g. license plate number, parents' names, etc.): _____

If additional information is needed, please contact the Requestor at the telephone number above.

*****WARNING*****

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C-178Q FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 1/2) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).

SOR Form 4 (05/11)



**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

TAUNTON PUBLIC SCHOOLS is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **TAUNTON PUBLIC SCHOOLS** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **TAUNTON PUBLIC SCHOOLS** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **TAUNTON PUBLIC SCHOOLS** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **TAUNTON PUBLIC SCHOOLS** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

The reason for this CORI Acknowledgement:
(One item **MUST** be checked)

- AmeriCorps Program
- Employment - Applicant (new)
- Employment - Current Employee (renewal needed)
- Employment - Sub-contractor (Paid by other, working with schools)
- Volunteers/Interns - Applicant (i.e. Student Teachers etc.)
- Volunteer/ Interns - Current (renewal needed)

Copy I.D. Here

MUST: Name of school site: _____

Or Purpose of CORI: _____

iCORI form effective May 4, 2012 in accordance with recently enacted CORI legislation changes

SUBJECT INFORMATION:

*Please note that the former Acknowledgement Forms indicated Social Security as requested not required. ***The last six digits ARE REQUIRED as of 5/4/12.***

Last Name	First Name	Middle Name	Suffix
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Maiden Name* (or other name(s) by which you have been known)

____ / ____ / ____ ,
Date of Birth mm/dd/yyyy Place of Birth

Last Six Digits of Your Social Security Number*: XXX- ____- _____

Sex: ____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's First Name _____ Father's First Name _____

Mother's Current Last Name _____ Father's Last Name _____

Mother's **Maiden Name*** _____

Address:

(Current)	Street Number & Name	City/Town	State	Zip
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(Former)	Street Number & Name	City/Town	State	Zip
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The above information was verified by reviewing the following form(s) of government issued identification:

VERIFIED BY:

Name of Verifying Employee (Please Print)

Signature of Verifying Employee

Location (Please Print)

Shavon Tolson, Program Director
AHS/TASC

68 Allison Ave ~ Taunton, MA 02780

Tel: (508) 880-0202 ~ Fax: (508) 880-2425

Stolson@ahsinc.org

Please return all documents to:

Shavon Tolson

*AHS/Taunton Area School to Career
One Taunton Green, Suite 2, 1st Floor
Taunton, MA 02780*

*Phone: 508- 821- 3020 Fax: 508 - 821- 3027
Email: Stolson@ahsinc.org*