



Date: _____

Name _____ DOB _____ Gender Identification: _____

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

E-mail _____

Employer & Supervisor _____ Occupation _____

Address _____

City _____ State _____ Zip _____

Business Telephone _____ Business E-mail _____

Preferred Day (Mon-Fri) Choice #1 _____ Choice #2 _____

Best Hour of Day Choice #1 _____ Choice #2 _____

Write a brief statement on **why** you wish to be a mentor in the Bristol School Mentoring Program:

I would like to work with a child in grade (circle)

Elementary School: K 1 2 3 4 5

Middle School: 6 7 8

High School: 9 10 11 12

Please provide two references from the community:

1. Name _____ Phone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Phone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Mentor Interest Sheet

The following questions are helpful to us in getting to know you better. Please answer them briefly.

1. Prior experiences working with kids? What ages?
2. Have you ever been impacted by the support of a mentor?
3. Have you ever been a mentor before? When and where?
4. Personal interests and hobbies?

Tell us about them. Do you enjoy:

- Playing sports
- Doing Arts & Crafts
- Playing Board Games
- Computer Activities

5. Educational experiences?
6. If you could learn something new, what would it be?
7. What one word best describes you? Why?
8. What you hope to get out of the mentoring experience?
9. What challenges do you think youth are facing today that they need help with? Please explain.

Employment History | List the last two places of employment with most recent first:

1. Company _____

Address _____

City _____ State ____ Zip ____ Telephone _____

Date of Employment _____ to _____ Supervisor _____

2. Company _____

Address _____

City _____ State ____ Zip ____ Telephone _____

Date of Employment _____ to _____ Supervisor _____

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 Caring About People Mentoring Program. I understand that the program involves spending one hour each week at the assigned school with my mentee annually. Further, I understand that I will attend an orientation session, be involved in training during the year, and communicate with the Program Coordinator regularly during this period. I will be committing one school year in the program and will then be asked to renew for another year. I have not been convicted, within the past ten years, 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 and hold harmless the Bristol Public Schools Mentoring Program, Bristol Public Schools, participating organizations and all of the foregoing employees, officers, directors, and coordinators 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 Bristol Caring About People Mentoring Program.

I understand that the Caring About People Mentoring Program and relationships established take place **only** on school property within the confines of the school day and at occasional program sponsored and organized activities. This program does not encourage or approve of relationships established between mentor/mentee and family members beyond the school day and program organized activities. Program staff reserves the right to terminate a mentor from the program.

I give permission for mentor staff to conduct a 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 Release Statement and agree to the contents. I certify that all statements in this profile application are true and accurate and that I will respect the confidential nature of the program.

Mentor's Name

Signature

Date

Telephone

Return Form To:

Amy Campisano, District Mentor Coordinator
Bristol Board of Education | P.O. Box 450, Bristol, CT 06011
Phone: 860-584-3881 x511223 amycampisano@bristolk12.org