



Dear Prospective Mentor:

Thank you for your interest in becoming a mentor in the Take Stock in Children Program.

Enclosed is information on the program and the mentoring position. Also enclosed are forms to be completed, signed and returned to our office.

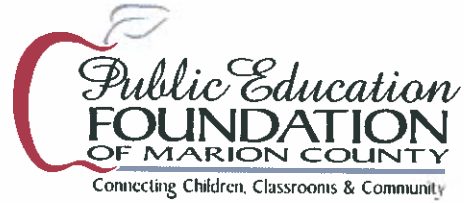
We look forward to working with you!

Sincerely,

Trisha Curtis
Mentor Coordinator
Take Stock in Children

Office: 671-4162
Cell: 425-8306
Fax: 671-4168
Email: Trisha.Curtis@marion.k12.fl.us

Mailing Address:
Public Education Foundation
1239 NW 4th St.
Ocala, FL 34475



TAKE STOCK IN CHILDREN
VOLUNTEER MENTOR APPLICATION

I. Identifying Information

Name _____
First Middle Last
Home Address _____ Zip _____
Mailing Address if different _____
County _____ How long at this address? _____
Home phone _____ Cell phone _____ E-mail _____
Gender _____
DL # _____
Male Female Date of birth _____

II. Background Information

Ethnic Group (Please check one)

___ African American ___ American Indian ___ Asian
___ Caucasian ___ Hispanic ___ Other (Please specify)

Are you married? _____

Do you have children? _____ Sons (ages) _____ Daughters (ages) _____

Do you speak any foreign languages? Yes _____ No _____ If yes, what? _____

III. Career/Education Information

Current Place of work _____

Current job title _____

Work address _____ Work phone _____

Previous jobs _____

Highest education degree you have earned

- G.E.D.
- High school graduate
- Associate degree
- Bachelors degree-Field of study _____
- Masters degree-Field of study _____
- Doctorate-Field of study _____
- Other _____

What are your feelings about the use of illegal drugs? _____

Are you currently in any education or training program? If yes, please specify _____

List any clubs or organization of which you are a member _____

IV. Mentor Information

How would you describe your communication style?

- Life of the party
- Friendly and outgoing
- Usually wait to be approached by someone new
- Reserved until I get to know someone new
- None of the above (please describe) _____

From the following descriptions, which type of child would you prefer to mentor?

Type - 1. A or A/B student, no school, attendance or behavioral problems

Type - 2. B or C student who may have some school related problems or family instability which would be a risk factor

Type - 3. B or C student who may have a lack of motivation for school and also have some discipline problems. Success for this student may be to graduate from high school

Answer: Type _____

Please check all that apply (mentee preference):

Same gender _____ Same ethnicity _____ Similar career interests _____

Similar personal interests _____ Similar background _____ No preference _____

How comfortable would you be in counseling your mentee in the following areas?

Very comfortable-vc Somewhat comfortable-sc Uncomfortable-uc

His/her use of poor judgment _____

Alcohol abuse _____

What experience or training do you have in working with children?

____None

____A little (please specify) _____

____A lot (please specify) _____

What experience do you have in drug awareness education? _____

Are there any particular problems you would prefer not to handle as a mentor?

How did you learn about the *Take Stock in Children* program?

____From a current Take Stock mentor or volunteer

____From business or civic group

____Friend

____Business colleague

____Other

Where would you prefer to mentor? Close to work _____ Close to home _____

If there is anything else you would like us to know about you, please explain below:

V. References

Please complete the following information listing three (3) references.

Name _____

Address _____ City, State, Zip _____

Home # _____ Work# _____

Relationship (personal friend, work reference) _____

Name _____

Address _____ City, State, Zip _____

Home # _____ Work# _____

Relationship (personal friend, work reference) _____

Name _____

Address _____ City, State, Zip _____

Home # _____ Work# _____

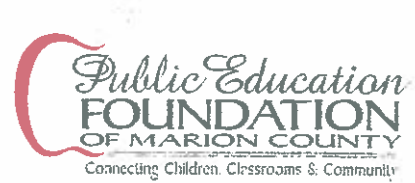
Relationship (personal friend, work reference) _____

The undersigned acknowledges and agrees that 1.) she/he is not obligated if called upon to perform the volunteer services herein applied for 2.) that Take Stock is not obligated to assign or actively seek to assign him/her a Take Stock student 3.) that, as a part of the Take Stock matching process, additional information may be elicited from the applicant by the Take Stock program coordinator and 4.) Take Stock reserves the right at all times to terminate any match between any volunteer and student, for whatever cause.

I declare that all of the statements made in this application are true, complete and correct to the best of my knowledge.

Applicant's Signature

Date



Authorization and Release Form to Conduct a Background Check

I, the undersigned applicant, do hereby authorize Take Stock in Children and the Public Education Foundation of Marion County by and through its independent contractor, 3-D Background Screening, hereafter known as "3D", to conduct background information checks on me as a portion of the screening process related to my application to be a mentor for Take Stock in Children.

These above mentioned background information checks may include, but are not limited to, employment and education verifications, social security verification, driving record information, personal references, and personal interviews. I further understand that an acceptable background check will allow me to continue the application process and that an unacceptable background check may result in the discontinuation of my application process. I understand, if I am accepted into the Take Stock in Children mentor program prior to the completion of the background check; that an unacceptable background check will result in my termination.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any criminal background search prepared on me upon written request to the Public Education Foundation within a reasonable time after the date of such search.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Take Stock in Children, by and through 3D, including, but not limited to, any courthouse, any public agency, and all law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release Take Stock in Children, the Public Education Foundation, 3D, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, by me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with compilation or preparation of the background information check hereby authorized.

PRINTED NAME: _____
First Middle Last

SIGNATURE: _____ Date: _____

DEPARTMENT OF JUVENILE JUSTICE
OFFICE OF THE INSPECTOR GENERAL
REQUEST FOR LOCAL LAW ENFORCEMENT RECORDS CHECK

PLEASE TYPE OR PRINT ON FORMS

To: Local Law Enforcement Agency (name and address)
Records
Ocala Police Department
402 S. Pine Avenue
Ocala, FL 34471-1174

Date: _____

The person described below holds or is applying for a sensitive position associated with the Department of Juvenile Justice. Pursuant to Sections 39.001 and Chapters 435, 984 and 985 Florida Statutes, this person is subject to a local law enforcement records check.

Signature of applicant consenting to records check: _____

Last Name: _____

First: _____ Middle Name: _____

Aliases: _____ Maiden/Prior: _____

Date of Birth: _____

social Security Number: _____

Race: _____

Sex: _____

Present Address: _____

Street City State Zip Code

Previous Address: _____

Street City State Zip Code

Please document below the findings on this check and return to the address below as soon as possible:

Record Found: Yes ___ No ___ If yes, explain nature _____

Signature or Seal _____ Date _____

Return To: _____
Sponsor's Name _____ Address _____

TAKE STOCK IN CHILDREN
Mentor Program
P.O. Box 670
Ocala, FL 34478