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 # ___________________________________________ Date of birth ______________________
  Male           Female

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: ___________________________
REQUEST FOR LOCAL LAW ENFORCEMENT RECORDS CHECK

*PLEASE TYPE OR PRINT ON FORMS*

To: Local Law Enforcement Agency (name and address)  Date: __________________________

Ocala Police Department
402 S. Pine Avenue
Ocala, FL 34471-1174

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 433, 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: __________________________  Middle Name: __________________________
First: __________________________  Maiden/Prior: __________________________
Aliases: __________________________
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:________________________
evaluator's Name __________________________  Address: __________________________

TAKE STOCK IN CHILDREN
Mentor Program
P.O. Box 870
Ocala, FL 34478