

Mentor Application

(Please Print Clearly)

Applicant Name _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address _____

E-mail: _____

Employer: _____ Job Title _____

Date of Birth _____ Gender: M F

Education Level/Special Training _____

Have you ever served as a volunteer? _____ Number of Years: _____

Type of service performed: _____

Special Skills, Talents, or Hobbies _____

In which middle and high schools are you willing to serve? List all that apply.) _____

Emergency Contact

Name: _____ Number: _____

Why do you wish to be involved with a student?

It is understood that I am offering my services to Take Stock in Children of Sarasota County, Inc. without compensation and without any rights to health benefits in case of injury. I hereby give my permission for Take Stock in Children of Sarasota County, Inc. to perform a background check so that I may be eligible to become a mentor. I Take Stock in Children of Sarasota County, Inc. permission to release my information to the Sarasota County School Board.

Signature

Date