

Mentor Application

(Please Print Clearly)

Applicant Name _____

E-mail _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____

Employer _____ Job Title _____

Date of Birth _____ Gender M F

Education Level/Special Training _____

Have you ever served as a volunteer? _____ If yes, ? _____

Type of service performed _____ How long? _____

Special Skills, Talents, or Hobbies _____

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

In case of emergency, who should we contact? _____ Phone _____

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