



Partners In Education Waterbury Mentor Program

Name _____ Home Telephone _____

Home Address _____ City, State, Zip _____

Occupation _____ Current Place of Employment _____

Work Address _____ City, State, Zip _____ Telephone _____

E-mail (preferred) _____

Previous Employment / Occupation _____

Address, Telephone _____

References (other than family members):

Name _____ Daytime Telephone _____ Relationship _____

Name _____ Daytime Telephone _____ Relationship _____

Preferred School, if any _____ Day preferred _____

Age group preferred: Grades K-2 _____ 3-5 _____ 6-8 _____ 9-12 _____

Best Time _____ - first choice _____ second choice, e.g. 9:00 a.m., noon, etc.
(program high school hours are 7:30 to 1:30; middle school, 8:00 to 2:00; elementary school, 8:30 to 2:30)

I prefer: boy _____ girl _____ makes no difference _____
minority _____ majority _____ makes no difference _____
tougher situation _____ easier situation _____ makes no difference _____

Describe any hobbies or interests which might be helpful in making a match with a child (i.e., art, computers, sports, etc.)

Please write a brief statement as to why you would like to become a volunteer in the Mentor Program:

Mentor Release Statement

I, the undersigned, hereby state that if accepted as a Mentor in the Partners In Education Waterbury Mentor Program (hereinafter referred to as "Mentor Program"), I agree to abide by the rules and regulations of the Mentor Program. I understand that the Mentor Program involves spending one hour each week at the assigned school with my "mentee" during the school day, during school hours. Further, I understand that I will attend an orientation session, be involved in training during the year, and communicate with the school staff during this period. I will be committing to seeing the child for a minimum of at least one school year and may be asked to renew my commitment for the following year.

I have not been convicted 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. Nor am I under current indictment. Further, I hereby fully discharge school personnel, participating companies or organizations from any and all liability, claims, causes of action, costs and expenses which may be attributable to my participation in the Mentor Program.

I understand that the Mentor Program and relationships established take place only within the confines of the school day in Waterbury, CT. This program does not encourage or approve of relationships established between mentor / mentee and family members beyond the school day. Program staff reserves the right to terminate a Mentor from the program.

I give permission for the Mentor program staff to run a background check as part of the screening process for entrance into this program. This may include verification of personal and employment references as well as a criminal background check and child abuse registry check.

I have read the Mentor Release Statement and agree to its contents. To the best of my knowledge and belief, all statements in this profile application are true and accurate. As part of the applicant screening process, I agree to be fingerprinted and to submit the resulting print card to the Waterbury Mentor Program for a criminal background check through the SafetyNET Pilot Program.

Signature _____ **Date** _____

Name (Printed) _____ **Date of Birth** _____

Social Security # _____

Please return this completed Application and Mentor Release Statement form to:

Nancy Dzija Vaughan
School / Community Relations Coordinator
Waterbury Public Schools
37 Leavenworth Street, 2nd Floor
Waterbury, CT 06702

Upon receipt of the completed application form, a fingerprint background check card will be mailed to you.

If you have any questions, please call:

Nancy Vaughan (203) 573-6633
Fax number - (203) 346-3508