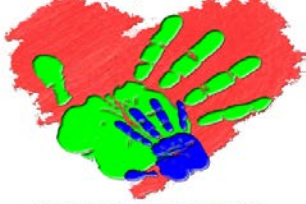


Five in Five



Mentoring Works
in School District 5

SLED	___/___/___
Child Abuse Registry	___/___/___
Sex Offenders Registry	___/___/___
Orientation	___/___/___
Date Rec'd	___/___/___
Letter	___/___/___
Sent HR	___/___/___
Approved/Denied	___/___/___
Sent to School	___/___/___

Mentor Application & Personal Interest Profile

(Please print in ink or type)

Date	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.	Other _____
------	------------------------------	------------------------------	-------------------------------	-------------------------------	------------------------------	-------------

Last Name	First	Middle
-----------	-------	--------

Please circle the name of the school in which you would like to serve:

Alternative Academy	Center for Advance Tech.	HE Corley Elementary	Oak Pointe Elementary
Ballentine Elementary	CrossRoads Middle	Irmo Elementary	Nursery Rd Elementary
Chapin Elementary	Dutch Fork Elementary	Irmo Middle	River Springs Elementary
Chapin Middle	Dutch Fork Middle	Irmo High	Seven Oaks Elementary
Chapin High	Dutch Fork High	Lake Murray Elementary	Spring Hill High
Chapin Intermediate	Harbison West Elementary	Leaphart Elementary	

Home Address

Street Address		
City	State	Zip Code

Home Phone Number	Business Phone Number	E-Mail Address (home or business, please circle one)
-------------------	-----------------------	--

Personal Information (*Needed to complete mandatory background checks.)

*Social Security Number	*Driver's License Number
*Place of Birth	*Date of Birth
*Sex	*Race

Education (check all that apply)

High school graduate
 Undergraduate degree
 School _____
 Major _____
 Graduate degree
 School _____
 Major _____

Have you ever been convicted of a felony? Yes No
 If Yes, please give dates and explain. Use separate sheet of paper if necessary.

Availability: Please enter the times you will be available to meet with student:

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
---------	----------	------------	-----------	---------

Personal Interest Profile

Previous Work or Involvement with Children

Hobbies and Interests

What sports are you interest in?

What kind of music do you like?

Do you have any special skills or talents that you could share with a student?

What do you like to do in your spare time?

Are you willing to work with homework or tutor? Yes No

What subject area?

Do you speak a second language? Yes No If yes, please list:

What organizations, civic groups or clubs do you belong to?

What other Mentor opportunities have you participated in?

Are you willing to work with any child? Yes No Preference

Why do you want to be a Mentor?

Employment Information

Employer's Name (or School)

Occupation

Supervisor's Name

Work Address

Street Address

City

State

Zip Code

My employer offers a time-off program for Mentors

Emergency Contact In the event of an emergency, please contact:

Name

Home Phone Number

Relationship

Business Phone Number

Medical Information

Do you have any medical condition that the office should be aware of? Yes No

If Yes, please explain:

References: Please list two people other than relatives who would be willing to serve as personal references.

1.

Last Name	First Name	Relationship
Street Address (& Apt. Number)		Daytime Phone Number
City	State	Zip Code

2

Last Name	First Name	Relationship
Street Address (& Apt. Number)		Daytime Phone Number
City	State	Zip Code

How did you find out about the District Five Mentoring Program?

I certify that the information given on my application is correct and complete. I understand that false statements on this application shall be considered sufficient to eliminate me from participating in the mentoring program.

Authorization is hereby given to School District Five of Lexington and Richland Counties to investigate my records with employers, schools and law enforcement, and further agree that any person or agencies which provide information about me will not be liable to me or anyone else for sharing that information.

I understand and agree that my application will be submitted to the SC Law Enforcement Division (SLED) for a background check and to the Department of Social Services (DSS Child Abuse Registry), and that based on information received from either agencies, I may not be permitted to become a mentor.

Mentor's Signature

Date

If you have questions, please call Stephanie Danley at (803) 331-1276.

Please return application and agreement to:

Stephanie Danley,
District Mentoring Program,
1020 Dutch Fork Rd.
Irmo, SC 29063



Mentor Agreement & Code of Conduct

As a Mentor in School District Five's Mentoring Program, I agree:

- to enter this relationship with an open mind, to become familiar with and abide by all District policies;
- to attend an orientation session prior to meeting my mentee;
- to commit at least one hour per week to my mentee and be on time for scheduled meetings;
- to notify the school if I am unable to keep my appointment;
- to keep discussions with my mentee confidential, other than reporting suspected abuse and any other information which indicates that my mentee may be a threat to him/herself or others to the school principal and/or guidance counselor;
- to limit all activities to the school campus except district sponsored activities; and
- to notify the district coordinator, school coordinator if for any reason I must terminate the relationship.

Code of Conduct

- I will refrain from the use or possession of alcohol or other drugs while in the presence of mentee
- I will not expose mentee to sexual abuse or display suggestive or pornographic material
- I will not use firearms or dangerous equipment in presence of mentee
- I will not be romantically involved with any of the youth's family members
- I will not use corporal punishment or physical discipline
- I will not have any inappropriate physical contact, or activities with mentee
- I will not use any sexual innuendos, inappropriate jokes, degrading, sexist, or racist comments
- I will not curse or use bad language around my mentee.

I understand that I will be covered by the district's general liability insurance policy during the months school is in session so long as I am carrying out my responsibilities as a mentor. I acknowledge that if I perform some act that is not included in my responsibilities and not incidental to my role as a mentor, including but not limited to criminal activity, I will not be covered by the district's general liability insurance policy. In that event, I agree to indemnify, hold harmless and reimburse School District Five of Lexington and Richland Counties, Board of Trustees, its individual members, agents, employees and representatives thereof, from and against any claim which I any parent or guardian, the student or any member of his/her family, or any other person may have or claim to have, known or unknown, directly or indirectly, of any losses, damages or injuries arising out of or as a result of, during or in connection with my actions.

Mentor's Signature

Date