



For Office Use:
Orientation Date _____
Expiration Date _____
Returning/New? _____
Birthdate _____
Initials _____

LINKS Mentor Application – Lunch Buddy

Personal Information

Full Legal Name: _____
First M.I. Last

Address: _____

Email: _____ Phone: _____

Gender: _____ Ethnicity: _____

How did you hear about LINKS?: _____

Volunteer Placement Information

Current Occupation – and if in your current occupation less than 1 year, what was your previous occupation?

Skills: _____

Do you speak other languages? Yes No

If yes, what language(s)? _____

Have you ever worked with children before? If yes, in what capacity?

Why would you like to become a mentor?

How would you describe your personality? (Check all that apply)

- | | | | | | |
|-------------------|----------|--------------|-----------|-------|-------------|
| Friendly | Outgoing | Serious | Talkative | Funny | Laid Back |
| Life of the Party | Reserved | Motivational | Quiet | Shy | Encouraging |

What are your hobbies and interests? _____

What is your preference for your students' activity level?

_____ Active (you are comfortable going to recess and being active with your buddy playing sports outside)

_____ Medium (you are comfortable going to recess to walk and talk or doing activities inside: board games, crafts, etc.)

_____ Low (you prefer to do inside activities like board games, play cards, crafts, reading, etc.)

_____ Other, please explain: _____

Do you have a school preference where you would like to mentor? _____

Do you have a preference for grade level K-5th? _____

Do you have kids in LWSD? If so, what school and grades? _____

LINKS requests a commitment of **one hour per week for the school year**. Please give some thought to what day of the week works best with your schedule as consistency is important.

Days of the week you are available: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Additional information you would like to provide:

Please review and sign below:

_____ (Initial) The LINKS Lunch Buddy Program is a program of Lake Washington School District. It is the policy of the program that communication between mentors and students only happens at school, in-person (or through district approved and supervised channels) and during school hours. Personal contact information of any kind should not be shared between mentor and student.

_____ (Initial - Optional) I agree to allow Lake Washington School District LINKS Program and the Lake Washington Schools Foundation to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

If you type your name on the signature line, you are signing this application electronically and agree that your electronic signature is the legal equivalent of your manual signature on your application. You further agree that no certification authority or other third-party verification is necessary to validate your electronic signature.

Signature

Date