The OC³ Mentoring Project Mentor Application Form
One Child, One Chance, Orangeburg County

-Confidential-

Name of Applicant (Please Print) _____ Date _____

Home Address _____
Street City/State Zip

Email Address: _____ Best Contact #: _____

** We intend to use the above modes of contact to communicate with you about OC3 related items.*

Ethnicity _____

Background Check Clearance: Orangeburg County School District will conduct background checks on mentors.

Do you agree to a SLED background check to verify your qualification to serve as an OC³ Mentor?

Please circle: Yes or No

If Yes, please complete the following for the District to process the background check:

SS# _____-_____-_____ Date of Birth _____/_____/_____ Age _____ Gender _____

Signature _____ Date _____

Occupation: _____ Company: _____

Select desired grade level range to mentor: ☐ **K – 2** ☐ **3rd – 5th** ☐ **6th – 8th** ☐ **9th – 12th**

Select desired region to serve: ☐ **Eastern** *(Santee, Holly Hill, Eutawville, Elloree, Vance)* ☐ **Central** *(Orangeburg proper, Bowman, North)*

☐ **Western** *(Cordova, Cope, Branchville, Nesses)*

If you have a specific school for us to select your mentor, indicate here: _____

Please list special interests that may be helpful in matching you and your mentee (i.e. hobbies, talents, etc.)

_____

Briefly explain why you want to become an OC³ mentor: _____

_____

Submit the completed application directly to Hayward Jean, Director of Student Services, at hayward.jean@ocsdsc.org or deliver to his attention at 102 Founders Court, Orangeburg, SC 29118.

ORANGEBURG COUNTY SCHOOL DISTRICT
We Are One