



MENTOR APPLICATION

(Student Mentor)

District Use:	
Personnel issuing form:	_____
School issuing form:	_____
Verified Official ID & Copy Attached To Application:	___/___/___ By: _____
Sent to S. Love /Office of Information:	___/___/___ By: _____
District Office Official Use:	
Sent to HR	___/___/___ By: _____
Approved/Denied	___/___/___ By: _____

1. Please complete form in BLUE or BLACK ink.
2. Please attach a copy of official photo ID (ex. Driver's license).
3. Please return completed form to the District Mentor Liaison.

Section. I

Full Legal Name:		
Last	First	Middle
Home Street Address		Apartment Number
City	State	Zip Code
Home Phone Number	Business Phone Number	E-Mail Address (home or business - please circle one)

How do you prefer to be contacted? Phone (business or home) US Mail E-Mail

Section. II

Please list the name of the school(s) in which you would like to serve:

Section. III

Personal Information (*This information is needed to complete mandatory background checks.)

*Last 4 digits of SS#	*Date of Birth	*Place of Birth	*Race	*Sex
Education (check all that apply) <input type="checkbox"/> High school graduate		<input type="checkbox"/> Undergraduate degree School _____ Major _____	<input type="checkbox"/> Graduate School School _____ Major _____	

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

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 all District Five's Mentor programs.

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

I understand and agree that my application could be submitted to the SC Law Enforcement Division (SLED) for a background check, a sex offender background check and 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.

Applicant's Signature

Date



CONFIDENTIALITY AGREEMENT FOR DISTRICT MENTORS

_____ respects the privacy of our students and staff. We are

Insert school name here

committed to protecting privacy by keeping school matters confidential. We want to foster positive relationships with the District Five community, while maintaining a level of privacy among our mentors. The names of all students and staff members, information regarding discipline and behavior issues, health concerns or other school or student related issue should not be discussed directly or indirectly with others.

I, _____, agree not to discuss the names of all students and staff members,

Print name here

information regarding discipline issues, health concerns or other school or student related issue with other individuals.

Signature

Date