



**TEAMTUSKERS**  
Somers Middle School  
250 Route 202  
Somers, NY 10589  
Tel: 914-481-2716  
teamtuskersmentoring@gmail.com  
www.somersschools.org/teamtuskers

**JOIN OUR TEAM**  
TOGETHER WE CAN ENERGIZE AND  
MOTIVATE SOMERS YOUTH.

## Mentor Application Form

### Personal Information:

Name (please print): \_\_\_\_\_  
(first) (middle) (last)

Gender: Male \_\_\_ Female \_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_  
(please print carefully)

Name and address of Employer: (If retired please list past employment)

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work E-Mail: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_ Emergency contact cell: \_\_\_\_\_

Volunteer Information:

1. Why are you interested in mentoring intermediate or middle school students?

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2. What strengths can you bring to this program?

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3. What are your Interests and Hobbies: \_\_\_\_\_

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4. What are your expectations for a successful relationship with your mentee?

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5. Initial the two statements below:

\_\_\_\_\_ I understand that the mentor program involves spending a minimum of one hour every week for the academic year at school with an assigned student.

\_\_\_\_\_ I understand that I will be required to complete the mentor program orientation and the training sessions during the year, plus fill out a brief weekly mentor report.

6. Yes\_\_\_ No\_\_\_ Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federal controlled substance?

Yes\_\_\_ No \_\_\_ Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in question 6?

7. If the answer is YES to questions 6, please explain below:

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8. Educational Background (mark one):

Some High School

High School Graduate

Some College

College Graduate

Graduate/Professional School

Technical School

Other (please specify) \_\_\_\_\_

9. What days of the week are you available to volunteer? (check all that apply)

Monday  Tuesday  Wednesday  Thursday  Friday

10. What is the best time of day for you to volunteer (check all that apply)

Before School:  Lunch:  After School:

Middle School:

School starts at 8:25 and ends at 3:05pm (Tuesday, Wednesday, Thursday – there is a late bus; on Monday and Friday, parents must pick up)

Intermediate School: School starts at 9:15 am and ends about 3:25. Many children may be available from 8:00 am – 9:00 am. There are no late buses, but many attend the “Y” program.

11. Do you have any personal connection with any of the Somers schools or any student? Yes  No

Children/ Grandchildren/grade. Please explain:

\_\_\_\_\_

12. If you are not accepted as a mentor at this time would you be willing to work on the TEAM Tuskers Committee: YES  NO

13. How did you hear about us: \_\_\_\_\_

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References

11. Please list four references (please include at least one personal friend and one work reference, no family members) Please print and enter all information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

In making this application to be a volunteer, I understand that I will be required to successfully complete a state fingerprinting check at the Somers School District approved site, the cost of which will be covered by TEAM Tuskers. This check may be done on me, if I sign below. If I fail to sign, it may be grounds for rejecting me as a mentor.

*(Please be advised that you will be required to submit your social security number and other sensitive information in order to process your fingerprint application. The Directors of TEAM Tuskers will return this information to you upon completion of the fingerprint process.)*

*I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is ground for dismissal.*

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Signature

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Date

Please submit to:

TEAM TUSKERS  
Somers Middle School  
250 Route 202  
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