TRINITY I.S.D. MENTOR APPLICATION FORM

(Please Print)

You have been nominated into the Trinity ISD Mentor Program. Please turn in the application to the campus Counselor or Volunteer Coordinator.

YOUR
NAME_____Date_____Birthdate_____

Preferred Name or Nickname_____Sex_____

Address_____City_____State____ Zip_____

Telephone (Home)_____(Work)_____

Occupation_____Employer_____

Bus. Address_____City_____State____Zip_____

Email address_____

Why do you wish to be a mentor in the Trinity ISD Mentor Program?

Please describe your current position, with a brief summary of your responsibilities:

What is your education history? Please list schools and dates.

Please list your previous positions, with dates.

Someone who will always know your address:

Name_____

Address_____Phone#_____

It is vital to keep your commitment to your mentor child. I understand that this is a 30-minute a week commitment with my mentor child. If I know I will be late or absent, I will notify the campus Counselor or Volunteer Coordinator.

Signature_____

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TRINITY ISD MENTOR PROGRAM

Phone Numbers:

Marie Vinson 594-3567 ext. 2014 and
Susan Green 594-3567 @ Lansberry Elementary
Ashley Larue 594-3560 @ Trinity High School
Lina Snyder 594-2321 @ Trinity Middle School

WHO AM I - MENTOR?

MY NAME IS_____

1. If I could choose my name I'd be called_____
2. My favorite color is_____
3. My favorite television program is_____
4. My best friend is _____
5. My Favorite sport to play or watch is_____
6. My favorite food is_____
7. My occupation is (was) _____
8. When I was in school I had a hard time _____

_____

INDEMNITY AGREEMENT AND RELEASE

The undersigned school volunteer, in consideration of the consent by the TRINITY INDEPENDENT SCHOOL DISTRICT hereinafter called "the District" to accept the services of the undersigned on a volunteer basis in the Trinity public schools, does hereby assume all risks for any claims or damages hereafter arising, known or unknown, which result in any way from participation by the undersigned in the School Volunteer Program or from the entry of the undersigned onto any premises owned or controlled by the District. The undersigned does further knowingly and voluntarily release the District from any and all liability or claim arising out of the participation of the undersigned in any school activity or program.

By this agreement, the undersigned does further agree to indemnity and hold harmless the District, from, against, and in respect of all damages, judgment or claim arising out of or in any way connected with the volunteer service of the undersigned for the school.

It is expressly stipulated that this Indemnity Agreement and Release is made in order to induce the school to allow the undersigned to perform volunteer services for the school.

Damages, as used herein, shall include any claim, action, demand, loss, cost, expense, liability, (whether joint or several), penalty or other damage, including, without limitation, attorney's fees or other costs or expenses reasonably incurred in investigating or attempting to avoid or oppose the imposition of such damages and the cost of enforcing this indemnity resulting to the school with regard to the matters referred to in this document.

Executed this the _____day of _____, _____.

_____

School Volunteer

_____MENTOR

CRIMINAL HISTORY RECORD INFORMATION
CONFIDENTIAL

The trinity Independent School District is authorized by state law to obtain history record information. The information requested below is necessary to obtain criminal history information.

Please print.

Name_____
Last First Middle

Social Security Number_____ Date of Birth_____

Sex:_____Male_____Female
Ethnicity:_____Black _____White/Other

I understand that the information I am providing about age, sex and ethnicity will not be Used for eligibility but will be solely for the purpose of obtaining history record information.

_____
Signature

_____
Date

- This form will be removed from the application and filed separately in the personal office.

Name_____ Phone #_____

Address_____ Work phone#_____

Email Address_____

Your Student's Name_____ Teacher_____

VOLUNTEER BACKGROUND CHECK

The Trinity Independent School District requires background checks on all volunteers. The criminal background check screens volunteers for felonies and misdemeanors. The main focus for the school district will be crimes against children and other persons.

After processing any background check that does not met the Trinity ISD standard, volunteers will get a letter notification from the district.

In the event a volunteer has questions regarding his/her background check it will be up to the individual to contact the Texas Department of Public Safety Crime Records Service **because it is a crime to disseminate their record to any person not authorized to receive the record, including the person who is the subject of this record. The subject of this record must obtain this record directly from the DPS. (Government Code 411.085)**

Dear Parents, Grandparents, Community Helpers,

All persons wishing to volunteer in the Trinity ISD schools will undergo a criminal background check. This proactive stance is provided for in Texas state law (Texas Education Code 22.083). Assuring the public that the adults working with our students are free of past criminal convictions will be a step in assuring safety and security of our students. We believe every parent will agree that we should make every precaution on behalf of our children.

Volunteers are always appreciated and welcome in our schools. Volunteering as a room parent and room helper, field trip chaperones, assistant, tutor or mentor strengthens the partnership between the home and school.