



MENTOR / VOLUNTEER PROGRAM APPLICATION

P.O. Box 1608, Fort Myers, FL 33902
Phone: 239-337-0433 Fax: 239-337-7077

www.leeschoolfoundation.org Contact: janelle@leeschoolfoundation.org

Instructions: Please complete this form so that we may have sufficient information to complete a background check and provide the best match possible.

Mentor Application for: **Take Stock (High School)** **Middle School** **Elementary School**

Last Name: _____ First: _____ Middle: _____

Birth date: ____ / ____ / ____ Sex: Male Female

Race: White Black American Indian Hispanic Non-Hispanic Asian/Pacific Islander Other

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Company: _____ Work Email: _____

I prefer to be contacted at home **or at my office** , **either** .

Emergency Contact : _____ Phone: _____

What other states have you lived in as an adult? _____

Skills and Interests – Please tell us a little about yourself.

Educational Background: _____

Hobbies, Interest, Skills: _____

Previous Volunteer/Mentor Experience: _____

Civic/Community Organizations: _____

Do you prefer a specific school? Please list your top two choices:

Mentoring sessions must take place on school grounds during school hours an average of (3) three per month.

Personal Reference: Please list someone (not a relative) who has known you for at least one year.

Name: _____ Phone: (H) _____ (W) _____

Address: _____ State: _____ Zip: _____

MENTOR RELEASE

In order for The Foundation for Lee County Public Schools, Inc., to complete the processing of mentor applications, I understand a routine local and state criminal background check is conducted. Results will remain confidential and are considered the property of the Foundation. I also understand and agree to any background inquiries from employers and various federal, state and other agencies which maintain records of my past activities. I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information in accordance with all federal and state laws.

Signature _____ **Date:** _____

I understand that the following topics should be avoided and referred to a School Guidance Counselor or the School Mentor contact: **Illegal Drug Use, Human Sexuality, Abusive Relationship (Verbal/Physical), Religious Beliefs.**

Signature: _____