



Mentor: A wise and trusted friend and guide

Stratford Public Schools

Mentoring Application 2010-2011

Name of Mentor _____
Please print

Street Address _____ City/Zip _____

Telephone _____ Cell Phone _____

E-Mail _____

Preference of Day (M T W Th F): Choice#1 _____ Choice#2 _____

Best Hour of Day (9 a.m.—2 p.m.) Choice#1 _____ Choice#2 _____

Have you participated in a mentoring program in the past? _____ If so, where? _____

Do you prefer to work as a mentor in a particular school? If so, please specify which school:

Write a **brief** statement on why you wish to participate in Stratford's mentoring program:

Describe any special interests which may be helpful in matching you and your mentee (i.e., career interests, sports, computers, music, art) _____

I would like to work with a child in grade (circle) K 1 2 3 4 5 6 7 8 9 10 11 12

Please list two references—*other than family members*:

(1) Name _____ Telephone _____

(2) Name _____ Telephone _____

Current Employer:

Company _____ Dates of Employment _____ Telephone _____

Please read and sign the attached form and submit with application

PLEASE READ CAREFULLY

**AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION
Volunteer Services**

In consideration for volunteer services within the Stratford Public Schools or affiliates, on our behalf, Employers Reference Source may make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for volunteer services, including reasons for termination from your past employment.

Please complete and sign the form which follows, authorizing, without reservation, any party, including but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by Employers Reference Source to furnish any or all of the above listed information. Your authorization releases Employers Reference Source from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to Employers Reference Source the above mentioned information as requested, in order to successfully complete a background investigation.

Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

Print Full Name: _____ Phone Number(s): _____

Current Address: _____

Previous Address: _____

Previous Address: _____

Have you used any other name? Y N If yes, what name did you use? _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State Issued: _____

Volunteer Signature: _____ Date: _____

All above information is being requested only for purposes of identification in obtaining accurate retrieval of records

Initial Volunteer Assignment: _____
School: _____

The following information will be used by the Board only in case of emergency.

Emergency Contact: _____ Relationship: _____ Phone Number(s): _____