

BIG IMPACT GROUP HIGH SCHOOL MENTOR APPLICATION

Because of the serious nature of our work the following information is essential. It allows us to make a compatible match between one high school student and one elementary school youth which will be a lasting, positive and strong relationship. Please take time and give appropriate thought in answering the questions on this application. Please do not leave any question blank (if it doesn't apply please mark N/A). All information is important.

(ALL INFORMATION KEPT STRICTLY CONFIDENTIAL)

PERSONAL:

NAME (first, middle, last): _____

HOME ADDRESS: _____

HOW LONG AT PRESENT ADDRESS? _____

CELL PHONE #: (_____) _____ HOME PHONE #: (_____) _____

EMAIL: _____ GENDER: M _____ F _____

RACE/NATIONALITY: _____ DATE OF BIRTH: ____ / ____ / ____

EDUCATION:

HIGH SCHOOL: _____ YEAR EXPECTED TO GRADUATE: _____

EMPLOYMENT:

NAME OF PRESENT EMPLOYER (IF ANY): _____

DAYS/HOURS YOU WORK (week): _____

TRANSPORTATION:

DO YOU HAVE AN AUTOMOBILE? Yes ___ No ___

IF NOT, IS TRANSPORTATION AVAILABLE? Yes ___ No ___ N/A ___

NAME OF CAR INSURANCE COMPANY: _____

***PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE
AND CAR INSURANCE CARD***

PLEASE USE THE REMAINING SPACE FOR ANY ADDITIONAL INFORMATION THAT MAY HELP US MAKE OUR DECISION IN ACCEPTING YOUR APPLICATION. _____

REFERENCES:

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR **FOUR (4) OUT OF THE FIVE (5)** POSSIBLE REFERENCES LISTED BELOW. PLEASE SELECT PEOPLE WHO CAN EVALUATE YOUR QUALIFICATIONS AS A HIGH SCHOOL MENTOR.

1. Name (Guidance Counselor/Teacher) _____
Address _____
Phone # _____ Relationship _____ Years Known _____

2. Name (Guidance Counselor/Teacher) _____
Address _____
Phone # _____ Relationship _____ Years Known _____

3. Name (Family Member) _____
Address _____
Phone # _____ Relationship _____ Years Known _____

4. Name (Personal Friend) _____
Address _____
Phone # _____ Relationship _____ Years Known _____

5. Name (Prior Volunteer/Child Care Experience) _____
Address _____
Phone # _____ Relationship _____ Years Known _____

PLEASE READ CAREFULLY AND SIGN:

I attest that these statements herein are true to the best of my knowledge. I understand that it will be necessary for Big Impact Group of Schuylkill County, Inc. to investigate my background and to check my character references. I give consent for the exchange of this information and authorize the release of any information requested by Big Impact Group. I understand that the agencies to be contacted will include employers, courts, police, school staff, and any other person or agency with whom I have had contact. I understand that the information supplied will be held in the strictest confidence and will become property of Big Impact Group of Schuylkill County and in the event of denial, the reason for denial need not be given.

Signature of Applicant _____ Date _____ / _____ / _____

MATCH INFORMATION AND OBLIGATION RELEASE

NAME: _____
 first middle last

I hereby authorize the release of any information from my file to the parents of the prospective elementary school youth to whom I may be matched that may be pertinent to the match decision. This information will be released on a first name basis only, until a match meeting has been agreed upon.

In submitting this application package to Big Impact Group of Schuylkill County, Inc. for volunteer status, I fully understand that I am in no way obligated to accept a match with a elementary school youth from the Big Impact Group program. I also fully understand that the receipt of my application by Big Impact Group does not obligate the agency in any way to approve my application and/or to match me with a elementary school youth from the program.

signature

date

PARENT PERMISSION SLIP

I, _____, hereby give permission for my son/daughter

_____, to volunteer in the Big Impact Group school based mentoring program. I understand that the minimum length of involvement is one school year and that involvement will require one weekly meeting between my son/daughter and the child he/she is matched with. I am aware of the orientation and training required for the program, and I further understand that supervision and training of the volunteers will be provided by the professional staff of Big Impact Group of Schuylkill County.

signature (parent)

date

PUBLIC RELATIONS RELEASE

NAME: _____
 first middle last

Should the opportunity arise, I give my permission that I can be included in any pictures, articles, or newsletters published about the Big Impact Group of Schuylkill County. I also give my permission that I can be included in pictures from Big Impact Group activities that are posted on agency websites, such as Facebook.

signature

date

DRIVING/CARPOOLING PARENT PERMISSION SLIP

I understand that my son/daughter will meet with an elementary school student on a weekly basis. In order for him/her to do so, he/she may need to drive or carpool with another high school student or Big Impact Group staff.

I, _____, hereby give permission for my son/daughter (circle one), to drive or carpool with another high school student or Big Impact Group staff.

signature (parent)

date