



East Lyme Public Schools will inspire, engage and educate each student to become a contributing citizen and a responsible, independent, and critical thinker.

Mentor Application

(please print)

Date _____

Name of applicant _____

Address _____ City _____ State _____ ZIP _____

Telephone _____ E-mail _____

Employer _____ Occupation _____

Employer Address _____

City _____ State _____ ZIP _____

Business Telephone () _____ Business e-mail _____

Preferred Day to mentor (Mon – Fri) _____ Choice #1 _____ Choice #2 _____

Does not matter _____

Best Time of Day to mentor (check all that applies): __ morning __ afternoon

Write a brief statement on why you wish to be a mentor in the East Lyme Mentoring Program:

State special interests/ hobbies, which may be helpful in matching you with mentee (e.g. cooking, crafts, career interests, chess, stamp collecting, sports such as baseball/football, computers, art, needlepoint, speak another language, music, painting):

I would like to work with a student in grade (circle)

Elementary: K 1 2 3 4 5 Middle: 6 7 8 High School 9 10 11 12 No preference _____

Return to Human Resources

PLACES OF RESIDENCE

State the addresses where you have lived for the last 5 years (begin with the most recent after the current one):

DATES _____ Address _____
City _____ State _____ ZIP _____

DATES _____ Address _____
City _____ State _____ ZIP _____

DATES _____ Address _____
City _____ State _____ ZIP _____

Mentor Personal/Employment History and Release Statement

Please provide two personal references (other than family members):

1. Name _____ Telephone _____
Relationship _____ Address _____ City _____ State _____
ZIP _____

2. Name _____ Telephone _____
Relationship _____ Address _____ City _____ State _____
ZIP _____

EMPLOYMENT HISTORY

List the last three places of employment with the most recent first:

1. Company _____ Address _____ City _____ State _____ Zip _____
Dates of Employment _____ to _____ Title _____

2. Company _____ Address _____ City _____ State _____ Zip _____
Dates of Employment _____ to _____ Title _____

3. Company _____ Address _____ City _____ State _____ Zip _____
Dates of Employment _____ to _____ Title _____

Mentor Release Statement

I, the undersigned, hereby state that if accepted as a mentor, I agree to abide by the rules and regulations of the East Lyme Mentoring Program. I understand that the program involves spending a minimum of one hour/week at an assigned school location. Further, I understand that I will attend a training session, keep in regular contact with my mentee and communicate with staff regularly during this period. I am willing to commit to one year in the program and then will be asked to renew for another year.

I have not been convicted, within the past ten years, of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or a violation involving a state or federally controlled substance. I am not under current indictment.

Further, I hereby fully release, discharge and hold harmless the East Lyme Mentoring Program, participating organizations and all of the foregoing employees, officers, directors, and coordinators from any and all liability, claims, causes of action, costs and expenses which may be or may at any time hereafter become attributable to my participation in the East Lyme Mentoring Program.

I understand that the East Lyme Mentoring Program staff reserves the right to terminate a mentor from the program. The program takes place within the confines of the program's policies and does not permit relationships established between mentor/mentee and family members beyond the organized and supervised activities of the program.

I give permission for program staff to conduct a criminal background check as part of the screening for entrance into the program. This includes verification of personal and employment references as well as a federal criminal background check. Program staff has final right of acceptance of applicant into the program and reserves the right to terminate a mentor from the program at any time. I have read this Release Statement and agree to the contents. I certify that all statements in this application are true and accurate.

Signature of applicant

Date

Print name of applicant

Mentor Reference Check Form

Date of Call: _____

Name of Prospective Mentor: _____

Name of Reference: _____

In what capacity does the reference know prospective mentor: _____

How long have you known prospective mentor? _____

Do you think the applicant would make a good mentor for a student in our program and why?

Yes No

Applicant's current and former experience with children _____

Rate: (check one) Excellent Good Fair Poor

Reliability

Consistency

Judgment

Work Ethic

Caring

Patience

Commitment

Sense of Humor

Likes young people

Would you trust this prospective mentor with your own child?

Name of Interviewer _____

Interviewer's Comments and Recommendations _____

Mentor Prospect Accepted Rejected _____ Date of Decision

**East Lyme Mentoring Program
MENTEE SELECTION PROCESS
School Staff Input and Recommendations**

General Description

Students chosen to benefit from a mentor in this program need not be of one economic status, race or from a single parent family. They have to have a keen interest in becoming involved with a mentor.

School counselors, social workers and teachers should consider selection based on observation of their students. Keep in mind that we are looking for students who could benefit from a positive role model, friend and advocate. For example, students can be identified who are:

Unmotivated
Needing an extra push

Unchallenged
At the road to success or at the brink of failure

There are many considerations when selecting youth as mentees. Not all apply but below are some examples:

AT SCHOOL

**Hurting academically
Tend to give up
Unable to take risks
Hostile and angry
Poor time management**

**Poor attendance
Unprepared for class
Raise hands infrequently
Poor peer relationships
Organizational skills lacking**

PERSONALLY

**Needy
Lack self esteem
No control over their lives
Family obligations
Lacking in goals**

**Insecure
Feel helpless
Seek attention inappropriately
Financial difficulties
Unfulfilled potential**

SOCIALLY

**Don't trust others
Smile infrequently
Unenergetic
Involved in risky behavior**

**Trouble relating to peers and adults
Unhappy
Poor communication
Issues with law enforcement**

Return to Human Resources

Name of Mentor: _____

Mentor Documentation Check Off List

| Date Completed | What (<i>All items should be included in folder on each mentor/mentee as part of data collection</i>) | Notes |
|----------------|---|-------|
| | Completed Mentor Application/Release statement – Liaison | |
| | Personal Interview – Liaison | |
| | Background Check – Social Security – HR to Parks & Rec | |
| | DCF Background Check – HR | |
| | Employment Reference Check – Liaison | |
| | Personal Reference Check #1 – Liaison | |
| | Personal Reference Check #2 – Liaison | |
| | Acceptance Letter/Invitation to Training session – Liaison gets information to HR – HR prepares and sends letter & Assigns Badge | |
| | Attended Orientation/Information Session – Liaison | |
| | Attended (2) hour Mentor Training – Liaison | |
| | Rejection Letter – Liaison notifies HR – HR prepares and sends letter | |
| | Mentor/Mentee/Parent Closure Form – Liaison | |
| | Parent Permission Letter and Media Release Form – Liaison | |
| | Match First Meeting and tour of school – Liaison | |
| | Mentor sign in process and weekly sessions explained – Liaison | |
| | | |
| | Refresher Mentor Training every other year | |
| | | |
| | Termination of Mentor in Program – Liaison to HR Letter from HR and Liaison collects badge & sends to HR | |
| | | |