

### **Mentor Application Checklist**

- TSIC Mentor Application (4 pages)
- Sarasota School Board Volunteer Application
- o FDLE VECHS Waiver Agreement
- o Fingerprint Card from Law Enforcement
  - Note: Present this number to the personnel taking your fingerprints:
     V58040021, fee: \$15 cash only, must present valid photo identification, services are not offered on holidays, fingerprints will expire after 30 days
  - Available Locations To Have Fingerprints Taken:
    - Sarasota County Sherriff's Office North County Jail Booking
       Department, 2020 Main Street, Sarasota, Monday-Friday from
       8 am Noon
    - South County Office of the Sarasota Sherriff's Department 4531 State Road 776, Venice, Monday through Friday from 9
       a.m. -5 p.m.

The completed application packet (including the fingerprint card) can be returned to TSIC, attn.: Mandy O'Malley, Mentor Coordinator via:

- Mail PO Box 48186, Sarasota, FL 34230
- Scan & Email <u>Mandy@takestocksarasota.org</u>
- Personal Appointment contact the office to arrange

Please contact the TSIC Office at (941)358-4407 with any questions. Thank you!



# **Mentor Application**

Identifying Information
Name (First Middle Last):
Gender: Male Female
Date of Birth:Social Security Number:
Employer:
Title: Employment Start Date:
Are you a Take Stock in Children graduate? Yes No
Background Information
Ethnic Group: (check one)
Caucasian African American Hispanic Asian American Indian Other (please specify)
Age Category: (check one)
Are you married? Yes No Do you have children? Yes No
# sonsage(s)# daughtersage(s)
Second Language(s) spoken:
When you were a teenager, to what income group did your family belong?
low income middle income high income
Contact Information
Home Address:
City, State, Zip:
Home Phone: Work: Cell:
E-mail address

Career/Education Information	
Highest education completed (Check all that apply):	
□ some school, not a high school graduate □ GED □ higl	h school graduate
□ associate's degree in	_ from
technical/vocational certificate in	from
☐ bachelor's degree in	_ from
☐ master's degree in	_ from
doctorate in	_ from
□ other	
Are you currently enrolled in any education or training progra	m? □Yes □No
f yes, please specify:	
Mentor Information	
How would you describe your communication style?	
☐ friendly and outgoing ☐ usually wait to be approached by	y someone new
reserved until I get to know someone new	
am interested in becoming a mentor because: (check all that	at apply)
I think I'd be a positive role model  I like children  I l	nave the time to give
i overcame difficulties growing up and would like to help so	omeone else
I think I have the personality and abilities to be a good men	ntor
I am interested in making a difference in the life of a child	
I believe in the value of mentoring □ ! wish I had had a me	entor when I was a teenager
o you have any specific training or experience in dealing witness: (check all that apply, and if yes, please explain)	th any of the following youth is-
drug awareness	
teen pregnancy	
teen violence	
sex/abstinence	
other	

M001A-1 - 8/13 2 of 4

List any clubs or organizations of w	which you are currently a member:
Are there any particular problems y	you would prefer not to handle as a mentor?
·	ou enjoy participating in or watching? (Check all that apply)
☐ Handicrafts (specifically,	)
	nce 🗆 Literature 🗆 Pop Culture (Movies, TV, etc)
	e us to know about you? If yes, please explain:
perform the volunteer services here assign or actively seek to assign he Take Stock in Children matching p	d agrees that 1) he or she is not obligated, if called upon, to ein applied for; 2) Take Stock in Children is not obligated to er or him a Take Stock in Children student; 3) as part of the process, additional information may be requested from the
perform the volunteer services here assign or actively seek to assign he Take Stock in Children matching papplicant, and 4) Take Stock in Children and volunteer mentor and	ein applied for; 2) Take Stock in Children is not obligated to er or him a Take Stock in Children student; 3) as part of the process, additional information may be requested from the lidren reserves the right at all times to terminate any match
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M001A-1 - 8/13 3 of 4

#### REFERENCES

Please print COMPLETE name, address, and relationship of three people. They must have known you for at lease 2 years. Each should be in a position to evaluate your qualifications as a mentor. Please do not include family members, current boyfriends, girlfriends, or fiancées as references.

Name	Address	Zip Code	Phone#
1			()
Relationship		Years Known	·
2			()
Relationship		Years Known	
3			()
Relationship		Years Known	
	ly employed, please print the nan an 6 months, the previous employe	•	ur work supervisor.
4 Name	Address	Zip Code	() Phone#
	Liability Release/Consent for Re	lease of Information	
I do hereby affirm mentoring progra	the above information is true. I	understand if denied II be given. I he	acceptance into a reby consent to
or individuals. I h information release consent to Take St	ildren of Sarasota County to release reby release Take Stock in Child ed or any acts or omissions connect tock in Children examining any and ade but not be limited to criminal records.	ren from any liability red with this application if all available records	whatsoever for any n. I understand and
I hereby allow Take references, or othe Children. Take Sto- to meet the initial Take Stock in Ch	e Stock in Children to release any or sources pertaining to my applicate the ck in Children will use this information criteria to serve as a mentor with a mildren from any liability, debt, cany information be obtained by an	information compiled tion to become a ment on for the purpose of e a mentoring agency. laim, suit, or obligat	tor to Take Stock in valuating my ability I hereby release ion of any nature
	Date andy O'Malley - Mentoring & Con Children of Sarasota County P.0		r

Office: (941) 358-4407 / Cell: (941)404-6101 E-mail: Mandy@takestocksarasota.org

4 of 4

# THE SCHOOL BOARD OF SARASOTA COUNTY Volunteer & Partnership Office

### Take Stock in Children Volunteer Mentor Application

1960 Landings Boulevard • Sarasota, Florida 34231 • (941) 927-9000 Ext. 31500

Land Marrie	pri _	of Namo	Middle Nan	200	
Last Name	FIF	st Name	Middle Nan	ne	
Maiden Name	Also	Known As (Nickname, etc.	) Suffix (Jr., Sr., etc.)		
Social Security	#:	Date of Birth:		☐ Male ☐ F	emale
Ethnic Origin:	☐ African American ☐ Ameri	can Indian/Alaskan Native	☐ Asian/Pacific Islander	☐ Hispanic ☐ Caucas	sian 🗆 Other
Type of Volunt	eer: 🗆 Non-Student/Non-Emp	oloyee 🗆 Student	☐ Sarasota County Schoo	l Board Employee	
				State Zip Coo	do
Stree		City		·	
Home Phone: _	Cell	Phone:	Business Phone:		Ext
Email Address:					
Emergency Con	tact:	Emergency Phone #	*	Relationship:	
School Name:			□ Ne	w or 🗀 Return	ing Mentor
					-
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## Florida Department of Law Enforcement Criminal Justice Information Services /User Services Bureau

### **VECHS WAIVER AGREEMENT AND STATEMENT**

Volunteer & Employee Criminal History System (VECHS) for Criminal History Record Checks under the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize *Take Stock in Children Sarasota County, Inc.* to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Year of Request) (Name and Address of Previous Qualified Entity) have OR have not been convicted of a crime. If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below: I \_\_\_do OR \_\_\_do not authorize you to release my criminal history records, if any, to other qualified entities. Contractor/Vendor **Employee** Volunteer I am a current or prospective (check one): Signature: Date: Printed Name: Address: Date of Birth: TO BE COMPLETED BY QUALIFIED ENTITY: TAKE STOCK IN CHILDREN Entity Name: Address: PO Box 48186, Sarasota, Florida 34230 E-mail: mandy@takestocksarasota.org (941) 358-4407 Fax: (941) 358-4410 Telephone: FDLE Assigned Qualified Entity Number: V58040021