



Mentor Application Checklist

- TSIC Mentor Application (4 pages)
- Sarasota School Board Volunteer Application
- FDLE VECHS Waiver Agreement
- 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 – Mandy@takestock Sarasota.org
- 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) 18-30 31-40 41-50 51-60 61+

Are you married? Yes No Do you have children? Yes No

sons _____ age(s) _____ # daughters _____ age(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 high 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 program? Yes No

If yes, please specify: _____

Mentor Information

How would you describe your communication style?

- friendly and outgoing usually wait to be approached by someone new
- reserved until I get to know someone new

I am interested in becoming a mentor because: (check all that apply)

- I think I'd be a positive role model I like children I have the time to give
- I overcame difficulties growing up and would like to help someone else
- I think I have the personality and abilities to be a good mentor
- I am interested in making a difference in the life of a child
- I believe in the value of mentoring I wish I had had a mentor when I was a teenager

Do you have any specific training or experience in dealing with any of the following youth issues: (check all that apply, and if yes, please explain)

- drug awareness _____
- teen pregnancy _____
- teen violence _____
- sex/abstinence _____
- other _____

List any clubs or organizations of which you are currently a member: _____

Are there any particular problems you would prefer not to handle as a mentor?

Which of the following activities do you enjoy participating in or watching? (Check all that apply)

Sports (specifically, _____)

Handicrafts (specifically, _____)

Outdoor Life Mechanics/Science Literature Pop Culture (Movies, TV, etc)

Collecting Other _____

Is there anything else you would like us to know about you? If yes, please explain:

The undersigned acknowledges and agrees that 1) he or she is not obligated, if called upon, to perform the volunteer services herein applied for; 2) Take Stock in Children is not obligated to assign or actively seek to assign her or him a Take Stock in Children student; 3) as part of the Take Stock in Children matching process, additional information may be requested from the applicant, and 4) Take Stock in Children reserves the right at all times to terminate any match between any volunteer mentor and student for whatever cause.

I declare that all of the statements made in this application are true, complete and correct to the best of my knowledge.

Applicant's Signature

Date

As a mentor in the Take Stock in Children program, I will always act in a behavior that is in the best interest of my student. Accordingly, I pledge to each of the following volunteer policy statements. Please initial your approval next to each statement.

___ I will adhere to all volunteer policies of my local school district.

___ I will notify Take Stock in Children if I must terminate my mentor position for any reason.

___ I will notify my student or his or her school liaison or the Take Stock in Children Student Advocate if I am unable to attend a previously scheduled meeting.

___ I will not willfully arrange contact with my student off school property and not under the supervision of Take Stock in Children or school officials.

___ I will not drive my student in my car.

___ I understand that Take Stock in Children will terminate my relationship with my student if I violate any of the above policies

REFERENCES

Please print COMPLETE name, address, and relationship of three people. They must have known you for at least 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 _____	_____

If you are currently employed, please print the name and address of your work supervisor. If employed less than 6 months, the previous employer.

4. _____	_____	_____	(____) _____
Name	Address	Zip Code	Phone #

Liability Release/Consent for Release of Information

I do hereby affirm the above information is true. I understand if denied acceptance into a mentoring program, no reason for denial will be given. I hereby consent to

Take Stock in Children of Sarasota County to release information to other entities, agencies, or individuals. I hereby release Take Stock in Children from any liability whatsoever for any information released or any acts or omissions connected with this application. I understand and consent to Take Stock in Children examining any and all available records or information from any source, to include but not be limited to criminal records.

I hereby allow Take Stock in Children to release any information compiled from my interview, references, or other sources pertaining to my application to become a mentor to Take Stock in Children. Take Stock in Children will use this information for the purpose of evaluating my ability to meet the initial criteria to serve as a mentor with a mentoring agency. I hereby release Take Stock in Children from any liability, debt, claim, suit, or obligation of any nature whatsoever should any information be obtained by any other individual, party, or entity of any nature whatsoever.

Signature _____

Date _____

Please print your name here.

Mandy O'Malley - Mentoring & Communications Director
Take Stock in Children of Sarasota County P.O. Box 48186, Sarasota, FL 34230
Office: (941) 358-4407 / Cell: (941)404-6101 E-mail: Mandy@takestocksarasota.org



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:

(Name and Address of Previous Qualified Entity)

(Year of Request)

I ___ 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.

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: TAKE STOCK IN CHILDREN

Address: PO Box 48186, Sarasota, Florida 34230

Telephone: (941) 358-4407 Fax: (941) 358-4410 E-mail: mandy@takestocksarasota.org

FDLE Assigned Qualified Entity Number: V58040021

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY