



References

Please list the names, addresses and daytime telephone numbers of three (3) **Adults** (not in your immediate family) who have known you for at least three (3) years.

1) Name: _____

Phone Number: _____

E-mail Address: _____

Relationship: _____ Years Known: _____

2) Name: _____

Phone Number: _____

E-mail Address: _____

Relationship: _____ Years Known: _____

3) Name: _____

Phone Number: _____

E-mail Address: _____

Relationship: _____ Years Known: _____

Other Information

Do you have transportation: Yes: _____ No: _____

What days and times are you available to mentor:

What grade level do you prefer? (Circle all that apply)

Kindergarten 1 2 3 4 5

In Case of an emergency please contact:

Name: _____ Phone: _____



Please list any languages you speak other than English: _____

Have you ever been arrested, or involved with the police or courts? If yes, please explain:

Training

Please see your site mentor coordinator about scheduling a mentor training.

Training Date: _____

Mentor Agreement

As a site-based Mentor, I agree to the following basic requirements:

To attend an approved training session before beginning to mentor.

To meet with my mentee for at least one hour each week, for at least the remainder of the current school year. (I understand that continuing this relationship beyond this school year is encouraged.)

To be on time for my scheduled mentoring sessions.

To notify the mentor coordinator or program personnel if I am unable to attend my regularly scheduled mentoring session.

To engage in the mentoring relationship with an open mind.

To ask for help and accept assistance from my mentee's teachers, support staff, and mentor coordinator when necessary.

To keep discussions with my mentee confidential except where his/her safety and/or welfare may be in jeopardy.

To notify program personnel and the mentor coordinator of any changes in my employment, address, and/or telephone numbers.

To notify the mentor coordinator if I wish to change my assigned student or schedule.

To participate in the end-of-year evaluation process.

To notify program personnel and the mentor coordinator if I no longer wish to mentor.

To meet with my mentee only on site or in a site-approved setting and only during regular site hours as stated in his/her parents' permission form.

We appreciate your interest in becoming a mentor to a child. By submitting this application, you agree to the terms of the mentor agreement and attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a federal and/or state criminal records check.

Please sign your name below to verify that you agree with the mentor agreement:

Mentor Signature: _____ Date: _____

100 W. 10th Street, Suite 1115 Wilmington, Delaware 19801

(302) 656.2122 Phone (302) 656.2123 Fax