

THE BRIDGEPORT MENTORING PROGRAM
Mentor Application Form

Name _____ Date _____

Previous Names (maiden) _____

Date of Birth _____ Social Security # _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____ Cell Phone* _____ E-Mail* _____

Employer _____ Occupation _____

Address _____

(Unless otherwise noted, correspondence is usually sent to the home address.)

City _____ State _____ Zip _____

Business Telephone _____ Fax _____ E-Mail _____

Indicate your preference: _____ A Boy _____ A Girl _____ No Preference

Grade Level Preferred (Grades 3 – 8): _____ No preference _____

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

Describe any special interests that might be helpful in matching you and your mentee (e.g. career interests, chess, stamp collecting, roller skating, golf, stock market, computers, baseball, music, sports, painting, etc.):

List any foreign languages that you speak: _____

Please provide three references (one should be present work employer, if applicable):

Name	Address	Affiliation	Phone
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* optional

Mentor Employment History and Release Statement

Employment History

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

Company _____ Address _____ City _____ State _____ Zip _____

Date of Employment _____ to _____

Company _____ Address _____ City _____ State _____ Zip _____

Date of Employment _____ to _____

Company _____ Address _____ City _____ State _____ Zip _____

Date of Employment _____ to _____

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 Twinleaf/Catch Bridgeport Mentoring Program. I understand that the mentoring program ideally involves spending one hour each week at the assigned school with my mentee from September to June. Further, I understand that I will attend an initial training session and program meetings during the year. I will communicate with the school staff regularly throughout the year. I will be committing to serve as a mentor for one school year and may 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 Twinleaf/Catch Bridgeport Mentoring Program, participating organizations and all of the foregoing's employees, officers, directors and coordinators from 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 Twinleaf/Catch Bridgeport Mentoring Program.

I understand that the Twinleaf/Catch Bridgeport Mentoring Program and relationships established take place only on school property within the confines of the school day and at occasional program sponsored and organized activities. *This program* does not encourage relationships established between mentor/mentee and family members beyond the school day and program organized activities. Mentors who wish to have contact outside of school will be referred to Big Brothers & Big Sisters of Southwestern CT. Program staff reserves the right to terminate a mentor from the program.

I give permission for mentor staff to conduct a background check as part of the screening for entrance into this program. This may include verification of personal and employment references as well as a motor vehicle and criminal check.

I have read the above Release Statement and agree to its contents. I certify that all statements in this application form are true and accurate.

Mentor Signature

Date

Please return this form to the School Volunteer Office, Sheridan School, 280 Tesiny Avenue, Bridgeport, CT 06606. For additional information, call 275-1120 (Fax 372-7214).