



Enclosed are materials concerning the
CLARKE COUNTY MENTOR PROGRAM

Each prospective mentor should complete and return all of the following three forms.

- 1. Application form**
- 2. School-based Program Acknowledgement(signed)**
- 3. Criminal History Consent form (signed & notarized)**
- 4. Police Dept. Criminal History Consent form (signed & notarized)**

The Mentor Program can notarize your forms if you want.

If you have any questions, please call 706-353-2288 or 706-549-6895

Our thanks to you for considering to volunteer for a program
that is having a significant impact on students in our public schools.

We really appreciate you!

Trudy Bradley
Executive Director

RETURN THIS APPLICATION TO:

Clarke County Mentor Program
246 W. Hancock Ave.
Athens, GA 30601

Phone (706) 353-2288
(FAX) (706) 549-5636

tbradley@athensga.com

MENTOR JOB DESCRIPTION

Title: Mentor

Term: One year (current school year)

Capacity: Volunteer

Duties: To interact regularly on school premises for a minimum of one hour per week with a student to whom you are assigned. This interaction could be meeting for breakfast or lunch, school programs, or study hall. It may involve homework help, but it is not required.

Supervision: Mentor/student relationships are coordinated by the Program Coordinator on behalf of the Athens Area Chamber of Commerce and the Clarke County School District. She will connect you with an appointed person in the school to which you are assigned who will be your liaison with your student. A Steering Committee made up of Chamber, School District, and community representatives will be directing the overall activities of the program.

Training: Training for mentors is provided by the Athens Area Chamber of Commerce and the Clarke County School District. You will be required to attend **one** training session which will be held on Tuesday evenings at the Athens Area Chamber of Commerce at 246 West Hancock Avenue in downtown Athens. If none of these dates are convenient, call Trudy Bradley at 353-2288 or Terry Baez at 549-6895 and we will set up an appointment for a one-on-one training at the Chamber office. Additional assistance will be provided on an as-needed basis.

Hours: Flexible. Scheduling will be handled on an individual basis, depending upon the availability of the mentor and the student's class schedule. A minimum of one hour per week is required.

Location: Mentoring will occur at the student's school.

Essential Mentor Characteristics:

A mentor must be a dependable, caring, individual. When mentors arrange a meeting time with their students, they must honor that commitment. Attending these mentoring sessions must be given the highest priority. If you ever find that you can no longer honor your commitment, please inform the School Contact Person and/or the Program Coordinator.

Trained - - CLARKE COUNTY MENTOR PROGRAM

Police check _____ MENTOR APPLICATION

(PLEASE PRINT) DATE _____

NAME: Dr/Mr/Mrs/Ms _____ AGE _____

LOCAL MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (h) _____ PHONE (w) _____ e-mail address _____

PERMANENT ADDRESS (if different from above) _____

EMPLOYER _____ OCCUPATION _____

EXPECTED GRADUATION DATE (students only): _____ GREEK AFFILIATION? _____

EDUCATION (check highest level):

High School __ Some College __ Associate Degree __ Bachelor's __ Master's __ Doctorate __

COMMUNITY INVOLVEMENT _____

EXPERIENCES IN WORKING WITH CHILDREN _____

INTERESTS (please circle):		
Travel	Crafts	Shopping
Reading	Art	Cooking
Walking / hiking	History	Gardening
Nature	Science	Collecting
Music	Computers	
Sports (specify) _____		
Other _____		

<u>Please check if the following pertains to you:</u>
<input type="checkbox"/> Member of Chamber of Commerce
<input type="checkbox"/> Staff / Faculty of UGA
<input type="checkbox"/> Employee of Athens Clarke County Government
<input type="checkbox"/> UGA Student

FOREIGN LANGUAGES? _____

PREFERENCES: Elementary (5-11) __ Middle (11-14) __ High (14-18) __

Age ____ Gender ____ Ethnic Group _____

Personality of Student _____

SCHOOL PREFERENCE (if desired): _____

Days of availability _____ Times of availability _____

I AM WILLING TO COMMIT TO AT LEAST 1 HOUR PER WEEK FOR THE REMAINDER OF THE SCHOOLYEAR.

(Applicant's Signature)

*****PLEASE WRITE A PARAGRAPH ABOUT YOURSELF ON THE BACK OF THIS PAGE*****

SCHOOL – BASED PROGRAM ACKNOWLEDGEMENT

I, _____, understand that the Clarke County Mentor Program does not require or encourage me or other mentors to spend time with mentees outside the school.

Furthermore, I understand that the Clarke Country Mentor Program or any group working on/with this program is not and cannot be responsible for any time I might choose to spend with my student mentee off of school property.

However, for my own protection, the Clarke Country Mentor Program has strongly advised me to seek written parental or guardian consent for each event if I ever choose to take the child off school property and that time outside of school does not mean that I should forego the time on the school campus.

(Printed name of mentor)

(Signature of mentor)

(Date)

This Permission Form and the History Consent Form must be printed, signed, and MAILED to us. We can NOT accept a facsimile.

Clarke County Mentor Program

Permission for C O N S E N T

I hereby authorize the Clarke County Mentor Program to receive, on an annual basis, any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name PRINTED

Address

Sex

Race

Date of Birth

Social Security Number

Applicant Signature

Notary

Date



ATHENS-CLARKE COUNTY POLICE DEPARTMENT

RELEASE OF CRIMINAL HISTORY CONSENT FORM

ACP-F-140
Form Number
9/14/05
Revision Date

PICK UP [] MAIL []

TYPE OF EMPLOYMENT: CHILD CARE [] ELDERLY CARE [] MENTALLY ILL CARE []
SELF [] OTHER []

I, LAST NAME FIRST NAME MIDDLE INITIAL

SOCIAL SECURITY NUMBER HEIGHT WEIGHT EYE COLOR HAIR COLOR

DATE OF BIRTH RACE SEX PHONE NUMBER

STREET ADDRESS CITY STATE ZIP CODE

*IF RECORD IS TO BE MAILED, PLEASE INCLUDE THE COMPLETE MAILING ADDRESS IN THIS SECTION.

AUTHORIZE:

ATHENS-CLARKE COUNTY POLICE DEPARTMENT
CLARKE COUNTY MENTOR PROGRAM

246 W. Hancock Ave.
ATHENS, GA 30601
PHONE: (706) 549-6800

TO RECEIVE MY CRIMINAL HISTORY RECORD FROM:

ATHENS-CLARKE COUNTY POLICE DEPARTMENT
3035 LEXINGTON ROAD, ATHENS, GA 30605
PHONE # 706-613-3330

SIGNATURE OF SUBJECT

NOTICE: INCOMPLETE FORMS WILL NOT BE PROCESSED.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS DAY OF 20

NOTARY PUBLIC