



# Mentor Application

Volunteer Number \_\_\_\_\_

Thank you for your interest in serving as a mentor in the North East Independent School District. We are excited to have you join us as a "Partner in Education." Please complete the following form and return it to the District Volunteer Coordinator, NEISD, 8961 Tesoro Dr., Ste. 402, San Antonio, TX 78217. Questions may be directed to the Volunteer Program at (210) 407-0309. ***Please print clearly.***

Name: \_\_\_\_\_

I wish to mentor at (school name): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone:(h) \_\_\_\_\_ (w) \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ (c) \_\_\_\_\_ (p) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Source: ☐ AARP/Senior ☐ BBBS ☐ Business ☐ Chamber of Commerce  
☐ Military Installation ☐ Jewish Federation ☐ Newspaper ☐ Other: \_\_\_\_\_  
☐ SAMF ☐ University

Preference/Areas of Interest:

Working with: ☐ Individual Student ☐ Small Groups  
Grade level (kindergarten through 12<sup>th</sup> grade): \_\_\_\_\_  
Time Available: ☐ Daily ☐ Weekly ☐ Bimonthly ☐ Monthly  
Time of Day: ☐ Morning ☐ Afternoon ☐ Evening  
Number of Hours Available: \_\_\_\_\_ morning \_\_\_\_\_ afternoon \_\_\_\_\_ evening  
Days of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Any Day

Special skills, interests, hobbies that I am willing to share with students: \_\_\_\_\_

Previous volunteer experience (type of service, location, length of service): \_\_\_\_\_

Would you be interested in working with a special needs student? ☐ Yes ☐ No

Education/Degrees: \_\_\_\_\_

Vocational or Special Training: \_\_\_\_\_

Proficient Languages other than English: \_\_\_\_\_

***I understand that I am offering my services to the school without compensation and without any rights to health benefits in case of injury. I will be contacted and attend volunteer/mentor training sessions provided. I will check in at the office, and sign in and out on each visit to the school.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Please complete both sides of this form.)

Please indicate all areas in which you would like to serve as a mentor in our schools.

Program/Area of Interest:

- |  |                                     |                                 |                               |
|--|-------------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> Adult Literacy Tutoring     | <input type="checkbox"/> Adult      |                                 |                               |
| <input type="checkbox"/> Computers                   | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> KINs (after-school program) | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Mentoring                   | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> School/Business Partnership | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Speakers' Bureau            | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Special Talents _____       | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Tutoring - Math             | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Tutoring - Reading          | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Tutoring - Science          | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Tutoring - Other _____      | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Other _____                 | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |

Please explain your reasons for wanting to volunteer in our school district: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide us with one reference (other than a relative).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

***For the safety of our students, North East Independent School District requires permission to obtain a criminal history record of prospective mentors. Please complete the Criminal History Record Check providing the necessary permission. A criminal history check will be conducted automatically by the Volunteer Program every three years. If you have already completed a Criminal History Record Check for another NEISD school, please indicate the school. \_\_\_\_\_***

Do you have any questions about serving as a mentor in the North East Independent School District?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Contacted: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

School Assigned: \_\_\_\_\_ Position: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*(Please complete both sides of this form.)*