



# 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. Please complete the following form and send by email to: [volunteer@neisd.net](mailto:volunteer@neisd.net) Questions may be directed to the Volunteer Program by phone (210) 407-0309. **Please print clearly.**

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

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

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

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

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

Source:  District Volunteer Program Website  Other: \_\_\_\_\_

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"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Computers                   | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> KIN (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: (c) \_\_\_\_\_ (w) \_\_\_\_\_

***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 two 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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	
Date Contacted: _____	Date Assigned: _____
School Assigned: _____	Position: _____
Point of Contact: _____	Phone: _____

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