



Mentor Application

I volunteer to be a mentor in the MentorWorks program and I certify that the following is true:

Full name: _____

Home phone: _____ Work phone: _____ SSN: _____

E-mail Address: _____

Current address: _____

Previous address: _____

How long at current address? _____ How long at previous address? _____

Have you resided in a foreign country (with the exception of Canada, Western European countries, Australia, and New Zealand) during the last three years for a consecutive period of five or more months?

Yes ___ No ___ (If yes, you will be required to provide evidence of being free of tuberculosis.)

Current employer _____ Job title _____

Fluent in the following foreign language (s) _____

Day available _____ Time available _____

Describe any special interests that may be helpful in matching you with a student (e.g., career interests, hobbies, etc.) _____

Would you like to work with a student in a specific grade? Choice #1 _____ Choice #2 _____

Would you like to work with a student of a specific gender? Male _____ Female _____

What is the *best* time for you to meet for MentorWorks Training and Support Sessions (please check one)

Morning 9-10:30am ___ Lunch 12-1:30pm ___ Evening 7-8:30pm ___

I understand that this is a program for volunteers; and I will not be compensated for my services. I will meet with students in this program for the purpose(s) of this program, and only at the school facility. While meeting with students, I will not engage in proselytizing. I agree to become familiar with and abide by all other applicable program and/or FCPS rules and regulations presented in volunteer orientations that I will be asked to attend.

I certify, by my signature below, that I have not been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child. 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 of a violation involving a state or federally controlled substance. I further certify that I am not under current indictment.

I certify that all the information on this form is true and complete. I understand that a false or incomplete answer may prevent or terminate my participation in the mentoring program.

I understand and give permission for Fairfax County Public Schools, at its discretion, to run a background check as part of the screening for entrance into this program. I understand that this may include verification of personal and employment references as well as a criminal check with local authorities.

Date: _____ Signature: _____

Please return this form by mail to Robyn Trump, 9808 South Park Cir, Fairfax Station, VA 22039 or

Email to: ctrump2@verizon.net

A MENTOR CAN MAKE A DIFFERENCE FOR A STUDENT