



Sumter Mentor Application

IDENTIFYING INFORMATION

Name (First Middle Last): _____

Gender: ☐ Male ☐ Female

Date of Birth: _____ Social Security Number: _____

Employer: _____

Title: _____ Employment Start Date: _____

Are you a Take Stock in Children graduate? ☐ Yes ☐ No

BACKGROUND INFORMATION

Ethnic Group: (check one)

☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ American Indian/Native American

☐ Other (please specify) _____

Age Category: (check one) ☐ 18-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 61+

Are you married? ☐ Yes ☐ No Do you have children? ☐ Yes ☐ No

sons ____age(s) _____ # daughters ____age(s) _____

Second Language(s) spoken: _____

When you were a teenager, to what income group did your family belong?

☐ low income ☐ middle income ☐ high income

CONTACT INFORMATION

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail address _____

CAREER/EDUCATION INFORMATION

Highest education completed (Check all that apply):

- ☐ some school, not a high school graduate ☐ GED ☐ high school graduate
- ☐ associate's degree in _____ from _____
- ☐ technical/vocational certificate in _____ from _____
- ☐ bachelor's degree in _____ from _____
- ☐ master's degree in _____ from _____
- ☐ doctorate in _____ from _____
- ☐ other _____

Are you currently enrolled in any education or training program? ☐ Yes ☐ No

If yes, please specify: _____

MENTOR INFORMATION

How would you describe your communication style?

- ☐ friendly and outgoing ☐ usually wait to be approached by someone new
- ☐ reserved until I get to know someone new

I am interested in becoming a mentor because: (check all that apply)

- ☐ I think I'd be a positive role model ☐ I like children ☐ I have the time to give
- ☐ I overcame difficulties growing up and would like to help someone else
- ☐ I think I have the personality and abilities to be a good mentor
- ☐ I am interested in making a difference in the life of a child
- ☐ I believe in the value of mentoring ☐ I wish I had had a mentor when I was a teenager

Do you have any specific training or experience in dealing with any of the following youth issues: (check all that apply, and if yes, please explain)

- ☐ drug awareness _____
- ☐ teen pregnancy _____
- ☐ teen violence _____
- ☐ sex/abstinence _____
- ☐ other _____

List any clubs or organizations of which you are currently a member: _____

Are there any particular problems you would prefer not to handle as a mentor?

Which of the following activities do you enjoy participating in or watching? (Check all that apply)

☐ Sports (specifically, _____)

☐ Handicrafts (specifically, _____)

☐ Outdoor Life ☐ Mechanics/Science ☐ Literature ☐ Pop Culture (Movies, TV, etc)

☐ Collecting ☐ Other _____

Is there anything else you would like us to know about you? If yes, please explain:

The undersigned acknowledges and agrees that 1) he or she is not obligated, if called upon, to perform the volunteer services herein applied for; 2) Take Stock in Children is not obligated to assign or actively seek to assign her or him a Take Stock in Children student; 3) as part of the Take Stock in Children matching process, additional information may be requested from the applicant, and 4) Take Stock in Children reserves the right at all times to terminate any match between any volunteer mentor and student for whatever cause.

I declare that all of the statements made in this application are true, complete and correct to the best of my knowledge.

Applicant's Signature

Date

As a mentor in the Take Stock in Children program, I will always act in a behavior that is in the best interest of my student. Accordingly, I pledge to each of the following volunteer policy statements. Please initial your approval next to each statement.

____ I will adhere to all volunteer policies of my local school district.

____ I will notify Take Stock in Children if I must terminate my mentor position for any reason.

____ I will notify my student or his or her school liaison or the Take Stock in Children Student Advocate if I am unable to attend a previously scheduled meeting.

____ I will not willfully arrange contact with my student off school property and not under the supervision of Take Stock in Children or school officials.

____ I will not drive my student in my car.

____ I understand that Take Stock in Children will terminate my relationship with my student if I violate any of the above policies

REFERENCES

Please print COMPLETE name, address, and relationship of three people. They must have known you for at least 2 years. Each should be in a position to evaluate your qualifications as a mentor. Please do not include family members, current boyfriends, girlfriends, or fiancées as references.

Name	Address	Zip Code	Phone #
1. _____	_____	_____	(____) _____
Relationship _____	_____	Years Known _____	_____
2. _____	_____	_____	(____) _____
Relationship _____	_____	Years Known _____	_____
3. _____	_____	_____	(____) _____
Relationship _____	_____	Years Known _____	_____

If you are currently employed, please print the name and address of your work supervisor. If employed less than 6 months, the previous employer.

4. _____	_____	_____	(____) _____
Name	Address	Zip Code	Phone #

LIABILITY RELEASE/CONSENT FOR RELEASE OF INFORMATION

I do hereby affirm the above information is true. I understand if denied acceptance into a mentoring program, no reason for denial will be given. I hereby consent to

Educational Foundation of Lake County/Take Stock in Children of Lake & Sumter Counties

(local program) to release information to other entities, agencies, or individuals. I hereby release Take Stock in Children from any liability whatsoever for any information released or any acts or omissions connected with this application. I understand and consent to Take Stock in Children examining any and all available records or information from any source, to include but not be limited to criminal records.

I hereby allow Take Stock in Children to release any information compiled from my interview, references, or other sources pertaining to my application to become a mentor to Take Stock in Children. Take Stock in Children will use this information for the purpose of evaluating my ability to meet the initial criteria to serve as a mentor with a mentoring agency. I hereby release Take Stock in Children from any liability, debt, claim, suit, or obligation of any nature whatsoever should any information be obtained by any other individual, party, or entity of any nature whatsoever.

_____ Signature	_____ Date	_____ Please print your name here.
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NAME AND LIKENESS USAGE CONSENT AND RELEASE

FOR MENTORS:

I, the undersigned, certify, represent and warrant that I am a Take Stock in Children Mentor [REDACTED].

For good and valuable consideration, the receipt of which is hereby acknowledged, the undersigned ("I" or "me"), as the Mentor hereby irrevocably authorizes Take Stock in Children, Inc., TSIC, Inc. d/b/a Take Stock in Children ("TSIC") and each of their respective representatives, licensees, successors and assigns and those acting with authorization from [Educational Foundation of Lake County] (the "Lead Agency") or TSIC (collectively, the "TSIC Program Providers") to film, videotape, photograph and/or record my image and I irrevocably grant the right and authorize each of them to store, reproduce, edit and create derivative works based upon such film, videotape, photography and/or recording (collectively, the "Works"), as well as display, publicly, distribute, transmit or otherwise use the Works and my voice, name and likeness, in whole or in part, either alone or in conjunction with other material in or in connection with the Take Stock in Children Program's events, products and services, as well as in advertising and promotion thereof in any form or format which may be reproduced, distributed, transmitted, exhibited and/or otherwise exploited, in whole or in part, alone or in conjunction with other material for the TSIC Program Providers' own account in perpetuity throughout the world in any and all manner or media now known or hereafter devised including, without limitation, all forms of television, radio, print and the Internet.

I acknowledge and agree that as between myself and the TSIC Program Providers, the TSIC Program Providers shall exclusively own any and all rights in the Works and all elements thereof including, without limitation, all rights of attribution, moral rights and copyrights throughout the world in perpetuity. For avoidance of doubt, I hereby irrevocably assign to the TSIC Program Providers any and all rights I may have in and to the Works as well as any results and proceeds of such Works or my appearance in the Works. I agree not to use, reproduce, distribute or otherwise exploit the Works myself or authorize others to do so without the TSIC Program Providers' prior written consent.

I hereby irrevocably release the TSIC Program Providers from, and agree not to assert, any and all claims I have or may have in the future, known or unknown arising for such use including, without limitation, claims of invasion of privacy, violation of right of publicity, defamation, false light, moral rights, royalties or other compensation or any other claims and waive any and all equitable or injunctive. The TSIC Program Providers shall not be obligated to make any payment to me for the use of my name, likeness, appearance, voice or other attributes in the Works or their exploitation, to produce or exploit the Works or to include my appearance therein even if produced and neither I shall have any right to review or approve any of Works or their use. I certify and acknowledge that my appearance is not governed under the provisions of any collective bargaining agreement. I represent and warrant that I am over eighteen (18) years of age and have all necessary capacity, power and authority to grant this release and that no consent or authorization is required to be obtained in order for me to grant this release. I agree to indemnify and hold the TSIC Program Providers harmless from and against any claim, liability or obligation of any kind arising from the statements made by me in the Works, my appearance in the Works, use of my name, voice, likeness and the rights granted herein, or any a breach of any of the representations and warranties made hereunder. This grant is irrevocable, perpetual, worldwide, transferable and licensable to others. This Consent and Release is governed by Florida law and contains the entire understanding of the parties, may not be changed or terminated except by an instrument signed by the TSIC Program Providers and me.

Print Mentor Name

Mentor Signature

Date: _____

MIA 186154833v1

MIA 186179997v1

Florida Department of Law Enforcement
Criminal Justice Information Services Division/User Services Bureau

VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (enter Name of Qualified Entity) **Sumter County Schools** to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity) (Year of Request)

I have OR I have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction (s) in the space below:

I do OR do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee Volunteer X Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: Sumter County School Board
Address: 2680 WC 476, Bushnell, FL 33513
Telephone: 352-793-2315 Fax: 352-793-2096
FDLE Assigned Qualified Entity Number: V60020001

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY

- Please complete the entire form. To insure the safety of our students, all applicants are subject to a criminal arrest history and possible fingerprinting.

PLEASE PRINT: Please complete all fields that apply.

SUMTER COUNTY SCHOOL BOARD EMPLOYEE?	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>

COMPLETE ADDRESS	CITY	ZIP CODE
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Telephone: () () ()

HOME CELL WORK

E-MAIL (optional): _____ SUMTER CO STUDENT ID: _____
(IF APPLICABLE)

VOLUNTEER WORK PREFERENCE: (Please check your greatest interests)

<input type="checkbox"/> After School	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Classroom	<input type="checkbox"/> Clubs	<input type="checkbox"/> Chaperone
<input type="checkbox"/> Internship	<input type="checkbox"/> Library/Media	<input type="checkbox"/> Observation	<input type="checkbox"/> Mentor/Tutor	<input type="checkbox"/> ROTC
<input type="checkbox"/> Band/Music	<input type="checkbox"/> Coach*	<input type="checkbox"/> TSIC*		

* **Note- TSIC applicants and supplemented coaching positions must be fingerprinted.**

**** TSIC volunteer/mentor applications must be renewed every three years.**

DO YOU HAVE SCHOOL AGE CHILDREN? YES	NO	IF YES, PLEASE LIST THEIR NAMES AND THE SCHOOL THEY ATTEND.
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1. _____ 3. _____
2. _____ 4. _____

DAYS AND TIMES YOU ARE AVAILABLE TO VOLUNTEER: _____

EMERGENCY CONTACT: _____ () _____
NAME PHONE NUMBER

Please provide the **names, addresses, and phone numbers** of two references:

CRIMINAL HISTORY: A criminal history check will be conducted.

☐ **YES** Have you ever been arrested, found guilty, entered a plea of nolo contendere (no contest), or had adjudication withheld in a criminal offense other than a minor traffic violation or are any other criminal charges pending against you? (DUI and reckless driving are criminal offenses.)

☐ **NO**

If you answered "YES" to the above question, please attach an explanation on a separate sheet of paper of ALL charges or offenses, including dates, city, state, where the offense occurred, and supporting documentation including court depositions and any other official documentation supporting your explanation.

By signing below, I affirm that my responses are true, complete, and correct to the best of my knowledge and are made in good faith. I also agree to abide by the rules and regulations of the volunteer program. I understand that all involvement with students is restricted to approved activities. My signature below certifies that I have reviewed the above criminal history information and responded truthfully.

Volunteer Applicant's Signature	Date
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School Requesting Approval

ADDITIONAL INFORMATION FOR LOCAL PROGRAM

School(s) of Choice | Sumter County School(s) you would consider (*please circle all that apply*):

_____ South Sumter High School

_____ Wildwood Middle High School

_____ The Villages Charter High School

How would you like to be matched with a student?

_____ Same gender

_____ No preference

How did you hear about our program? _____

Use the checklist below as a reference before completing and returning to our office.

- ☐ Mail completed application to:
Take Stock in Children, 2045 Pruitt St., Leesburg, FL 34748
or turn in directly to Esther Solin or Amber Holcombe.
- ☐ Completed application must include ALL pages:
 - Take Stock in Children application (pages 1-5)
 - VECHS Waiver Agreement and Statement (page 6)
 - Sumter County Volunteer Application (page 7)
 - Additional information for local program (page 8)
 - Legible copy of your driver's license
- ☐ Upon approval, attend a Mentor Orientation prior to being matched with a student.
- ☐ To check on the status of your mentor application, please email our office at **TSIC@lake.k12.fl.us** - **please** be sure include the preferred school location in the subject line so we know which mentor coordinator will be handling your processing.

*Thank you for your interest in
joining our mentor team!*