



# Lake 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.



## 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



## ADDITIONAL INFORMATION FOR LOCAL PROGRAM

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

Eustis High School

Leesburg High School

Mount Dora High School

Tavares High School

Umatilla High School

East Ridge High School

Lake Minneola High School

South Lake 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 Street, Leesburg, FL 34748**  
(*we must have the original signatures*). Be sure to include all 7 pages.
- Submit Lake County Schools volunteer application online at **www.lake.k12.fl.us** – look for the volunteer button.
- Send an email to our office at **TSIC@lake.k12.fl.us** when your Lake County Schools volunteer application is completed online – **please** be sure include the preferred school location in the subject line so we know which mentor coordinator will be handling your processing.
- Fingerprinting instructions will come via email from Lake County Schools, it will generate from an email address such as “*OnlineApplication@lake.k12.fl.us*” – check your spam or junk folder also. Once received, make an appointment for fingerprinting.
- Upon approval, attend a Mentor Orientation prior to being matched with a student.

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

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