

# Sabine ISD Mentoring Program

5424 FM 1252 W

Gladewater, Texas 75647

Telephone: (903) 984-4767 Fax: (903) 984-8823



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Sabine ISD Mentoring Program is designed to enhance a child's social, academic and personal development. Research demonstrates that mentoring is a powerful tool that can have a positive effect on those who participate including higher school attendance, better attitude towards school, lower negative behaviors, increases self-esteem and are less apt to have a substance abuse. Mentoring does not just enhance the lives of the children being mentored, but also the adults that are doing the mentoring. There are many ways you can mentor a child: by coming to the school and having lunch, reading, playing games, enjoy going outside together, or just talking with them. The key is to establish a relationship with them that nurtures and supports them. Please join us in developing a solid mentoring program that will benefit our school and community for years to come.

**A Mentor is:** A caring adult who spends a couple of hours monthly with a student as a role model, advocate, motivator and friend.

**A Mentor's Role:** To be a dependable and consistent presence in a child's life that encourages them to their full potential.

**A Mentor's Goal:** To improve a child's social and emotional well-being, self-confidence, interests and academic motivation.

Thank you for considering being a mentor.

Misty Gee  
District Mentor Coordinator  
mgee@sabineisd.org

# Mentor/Volunteer Application

**REMINDER: Please write legibly. Fill out all forms completely and in blue or black ink.  
Please include a copy of your Driver's License.**

## Personal Information:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_ Female \_\_\_ Male

Do you speak a foreign Language? No/Yes If so, what Language(s): \_\_\_\_\_

## Employment:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

## References:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: (circle one) Family Friend Work Associate Neighbor

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: (circle one) Family Friend Work Associate Neighbor

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: (circle one) Family Friend Work Associate Neighbor

<u>Student</u>	<u>Teacher</u>	<u>Grade</u>

## MENTOR/VOLUNTEER HISTORY:

Have you ever been a mentor or volunteered with children? Yes/No

If so, where?

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**Type of services:**

**Volunteer Program:** (Please circle all that apply)

- Helping in Classroom      Making Copies      Reading Program      Watch D.O.G.S. (Dads of Great Students)  
Helping where needed      During School      After School

**\*\*Mentoring Program** (Please answer questions below if signing up to be a **Mentor**)

\*\*This Information will be used to assist in matching you with a mentee.

What Campus would you prefer to Mentor at: (Please circle all that apply)

- Elementary ( 2<sup>nd</sup>-3<sup>rd</sup> / 4<sup>th</sup>-5<sup>th</sup>)      Middle School ( 6<sup>th</sup>-8<sup>th</sup>)      High School ( 9<sup>th</sup>-12<sup>th</sup>)

What are some of your hobbies/interests? (Please circle all that apply)

- Crafts      Music      Fishing      Computers      Cooking      Reading      Biking      Board Games      Physical Fitness  
Fashion      Movies      Camping      Art      Movies      Animals/Pets      Sports/List: \_\_\_\_\_

Please circle any words that describe your personality:

- Honest      Hardworking      Caring      Funny      Quiet      Spiritual      Nervous      Sensitive      Happy  
Talkative      Outgoing      Friendly      Forgiving      Brave      Confident      Shy      Rebellious

**Availability:**

Day:	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

\_\_\_ Daily      \_\_\_ Weekly      \_\_\_ Monthly

I agree to abide by the rules stated in the Mentor/Volunteer Handbook. I understand that my position as a volunteer is contingent upon the completion of a criminal background check as required by Sabine ISD policies and procedures.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Sabine ISD Mentoring Program

## Mentor Agreement

As a Mentor, I \_\_\_\_\_ agree:

- To submit a Background Check Form
- To attend a Mentoring Session before beginning to mentor
- To meet with my mentee for 2 to 4 hours per month for the remainder of the school year
- To notify the school coordinator if I am unable to attend my mentoring session
- To engage in the mentoring relationship with an open mind
- To ask for help and accept assistance from my mentee's teachers, support staff and school coordinator when necessary
- To keep discussions with my mentee confidential except where his/her safety and/or welfare may be in jeopardy
- To notify school coordinator of any changes in my employment, address and/or telephone number
- To notify the school coordinator if I wish to change my assigned student or schedule
- To notify the school coordinator if I no longer want to mentor
- To meet with my mentee only in school or during school-sponsored activities as stated in his/her parent's permission form

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DPS Computerized Criminal History (CCH) Verification

## Sabine ISD – MENTOR OR VOLUNTEER

I, \_\_\_\_\_, have been notified that a computerized criminal  
 APPLICANT or EMPLOYEE NAME (Please print)

history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual’s criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method.

The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. I will be provided a FASTPASS in order to make an appointment with the Fingerprinting Applicant Services of Texas (FAST), submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, **and pay a fee of \$47.00 to the fingerprinting company, L1 Enrollment Services.**

Once this process is complete, the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
 Signature of Applicant or Employee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date

**SABINE ISD**

\_\_\_\_\_  
 Agency Name (Please print)

\_\_\_\_\_  
 Agency Representative Name (Please print)

\_\_\_\_\_  
 Signature of Agency Representative

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ Initial
Purpose of CCH: _____	
Hired _____ Not Hired _____	_____ Initial
Date Printed: _____ / _____ / _____	_____ Initial
Destroyed Date: _____ / _____ / _____	_____ Initial
<b>Retain in your files</b>	

# SABINE INDEPENDENT SCHOOL DISTRICT

## Criminal History Authorization For Mentor/Volunteer Program

(please print all information except for signature)

Texas Education Code §22.083 authorizes a school district to obtain the criminal history record of every applicant for employment or volunteer services with the School District. Therefore, as a part of your application process, you need to complete the following questions.

\_\_\_\_\_  
 Last Name

\_\_\_\_\_  
 First Name

\_\_\_\_\_  
 MI

\_\_\_\_\_  
 Jr/Sr, etc.

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Social Security No.

\_\_\_\_\_  
 Driver's License No.

\_\_\_\_\_  
 State Issued

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Birth Date

Sex (check one):  Male  Female

Race (check one):  Hispanic  Black  White  Other

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For each residence in the last five years – list the city, state, applicable last names:

City	State	From (mm/yy)	To (mm/yy)	Last Name ( at time of date listed)

Have you ever been convicted of or received deferred adjudication for a criminal offense?  Yes  No  
 If yes, please indicate the year, location, and type of each offense. More facts may need to be discussed later.

Location (City/State)	Offense	Last Name	Year

I hereby authorize Sabine ISD and Sabine ISD's agent(s) to obtain a consumer report on me. Sabine ISD is authorized to use any source including, but not limited to, consumer reporting agencies, private investigators, and law enforcement agencies. Furthermore, I authorize any of these agencies to release information on me to Sabine ISD and Sabine ISD's agent(s). I also hereby acknowledge that I have received a notice that a report may be obtained for employment purposes, if applicable. I understand that the information I am providing about age, sex, and ethnicity will not be used to determine my eligibility for employment or volunteer services, but will be used solely for the purpose of obtaining consumer information, including criminal history information. I further understand that information from my consumer report will not be used in violation of any applicable Federal or State equal employment opportunity laws.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**This form will be removed from the application and filed separately in the personnel office.**

**\*\*Please include a Copy of Drivers License\*\***