



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? _____

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

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 _____

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

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

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****