



STEPHENS COUNTY PARTNERS FOR SUCCESS & COMMUNITIES IN SCHOOLS

Surrounding students with a community of support, empowering them to stay in school and achieve in life.

Glenda Bullard, Mentoring Coordinator 706-886-2880 x 2003

MENTOR APPLICATION

| | | | |
|---|------------|---|-----|
| First Name | Last Name | Date | |
| Address | City | State | Zip |
| Home Phone | Work Phone | Cell Phone | |
| Employer | | Age (circle one) 18-25 26-40 40+ | |
| Email | | Grade you prefer | |
| School you prefer <input type="checkbox"/> Eastanollee Elementary <input type="checkbox"/> Big A Elementary <input type="checkbox"/> Liberty Elementary <input type="checkbox"/> Toccoa Elementary <input type="checkbox"/> Stephens County Middle School <input type="checkbox"/> CrossRoads Success Academy <input type="checkbox"/> Stephens County High School | | Do you have a physical handicap you want known before your student selected, such as a hearing problem, etc? If so, please indicate what it is: | |
| As a mentor, I agree: <input type="checkbox"/> To mentor a student for one hour (counting travel time) each week for the entire school year <input type="checkbox"/> To be on time for my mentoring appointment <input type="checkbox"/> To notify the school mentor host if I am unable to keep my weekly mentoring appointment <input type="checkbox"/> To engage in the mentoring relationship with an open mind <input type="checkbox"/> To respect the confidentiality of the relationship (<i>exception: If a student confides that he or she is the victim of sexual, emotional or physical abuse, you must notify <u>the mentor host</u> immediately.</i>) <input type="checkbox"/> If I am no longer able to honor my commitment I will inform the mentor host and/or the mentor coordinator <input type="checkbox"/> To respect school protocol | | | |
| If you have any questions please call Glenda Bullard (706-886-2880 x 2003) or Toni Childress (706-886-2880 x 2010) Please fax or mail the completed application to: Stephens County Partners for Success, P.O. Box 2253, Toccoa, GA 30577 Fax: 706-886-2882 | | | |

All mentors are required to complete the GCIC Consent Form on the back of the application.

Stephens County Schools
2332 Mize Road
Toccoa, GA 30577

GCIC Consent Form

I hereby authorize Stephens County School System to receive any Georgia criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

_____ Employment with mentally disabled (Purpose code 'M')

_____ Employment with elder care (Purpose code 'N')

X Employment with children (Purpose code 'W')

One of the following must be checked:

_____ This authorization is valid for 90 days/ 180 days (circle one) from the date of signature.

OR

_____ I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this school system.