



Mentor Application

(Please type or print)

Date: _____

NAME: Dr./Mr./Ms. _____

HOME ADDRESS: _____

CITY: _____ GA ZIP: _____ PHONE: (_____) _____

CELL PHONE (Optional): (_____) _____ E-MAIL ADDRESS: _____

EMPLOYER: _____

WORK ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: (_____) _____

EDUCATION: (Check highest level) Some High School (grade completed) _____
 High School Diploma
 Some College
 College Diploma Masters Level or Higher

COMMUNITY INVOLVEMENT:

EXPERIENCE WORKING WITH CHILDREN:

INTERESTS: *Indicate all that apply*

Reading/Tutoring Travel Computers Art Music Walking/Hiking Nature Science

Math Gardening Shopping Cooking Crafts Collecting

Sports (Specify) _____

Other _____

Fluent in what languages other than English? _____

PREFERENCES: Elementary (5–11 Yrs) Middle (11–14 Yrs) High (14–18 Yrs)

Ethnic Group _____ Other _____

AVAILABLE TIMES: Days: _____ Hours: _____

REFERENCES: Please list the references you are providing the “Mentor Reference” Sheet (found at the back of this application to.

Name: _____

Phone: _____

Name: _____

Phone: _____

Why do you want to be a Mentor?

How did you hear about the Center Point Mentor Program?

Print Name Here

Applicant Signature

Date

Mentor CHECKLIST FOR A GOOD STUDENT MATCH

Mentor's Name: _____

School or Boys and Girls Club You Prefer: _____

Student Grade You Prefer: _____

Please check all of the statements below that you can answer "YES" to:

- _____ I would enjoy a creative student.
- _____ I can work with someone struggling academically and would not mind doing a little tutoring if I like the subject.
- _____ I can tutor a student.
- _____ I can work with a student in need of organizational skills.
- _____ I can work with a student struggling with peer relationships.
- _____ I can work with a student having problems with parents.
- _____ I can work with a potential "drop-out" student.
- _____ I can work with a student who is in the Alternative School (grades 6-12) due to disciplinary action.

Do you have a physical handicap you want known before your student is selected, such as a hearing problem, etc.? If so, please indicate what it is:

Center Point

Likeness Release

1050 Elephant Trail
Gainesville, GA 30501

RELEASE AND AUTHORIZATION TO REPRODUCE VOICE, PHYSICAL LIKENESS, AND INTERVIEW

Center Point, program division of the Christian Education Centers, Inc., has requested permission to use my name, portrait, picture, likeness and voice, or any of all of them, in promotional materials used solely for the above client. Center Point is a youth development agency serving Gainesville/Hall County.

I, _____ do hereby grant full permission to Center Point to use, copyright, reproduce, publish, distribute and exhibit my name, picture, portrait, likeness or voice, or any or all of them, in or in connection with the said advertising for the purpose of promoting programs of this agency. I do hereby waive the right to inspect, or approve the advertising or other copy that may be used in connection therewith or the use to which it may be applied.

I do hereby release Center Point, the Christian Education Centers, Inc. from any liability arising out of such, appearance, and or any other transmission of my image or voice, for the purpose of presentation in display, advertising, broadcast media, print media, or any other lawful usage, whether in whole or part, and whether edited, blurred, distorted, altered or presented in any other lawful manner.

I hereby warrant that I am over eighteen years old and am competent to contract in my own name in so far as the above agreement is concerned.

Signature _____ Date _____

Witness _____

I hereby certify that I am the parent or guardian of _____, the participant named above and I do give my consent without reservation to the foregoing release on behalf of him or her.

Parent/Guardian _____ Date _____

Witness _____

Mentor Contract

Please read each of the following carefully, sign your initials in the space before each statement, and sign at the bottom.

As a mentor to students in Hall County and a representative of Center Point Mentor Program, I agree to the following:

____ I will commit to working with my student at least 1 hour a week while school is in session or as arranged by the school, or Boys and Girls Club for the duration of the academic year.

____ If, for any reason, I cannot attend a weekly meeting, I will contact the school counselor or Boys and Girls Club contact ahead of time so that my student will be informed of my absence.

____ In the mentor sign-in notebook I will fill out weekly reports of my visits with my student including the date and time of my visit and note any information that the school counselor or Center Point should be made aware of.

____ I will maintain the confidentiality of my student's personal life, grades, and general school functioning, sharing information with only the school counselor, teacher, or Mentor Director.

____ I will see my student only during school hours on school grounds, or the Boys and Girls Club and will refrain from visiting with my student at any other time unless a Parent Permission Form is obtained from student's parents.

____ If I wish to see my student outside of the school or Club setting, I understand that this activity is NOT a part of the Center Point Mentor Program and would require written parental permission. I understand I am assuming full liability for any such activity. (Note: This does not include activities sponsored by Center Point such as the Mentor Picnic.)

____ I agree to indemnify City of Gainesville Board of Education, Hall County Board of Education, Christian Education Centers, Inc., d/b/a Center Point Mentor Program and Boys and Girls Clubs of Hall County if any claims are asserted against them as a result of any injury occurring to student for any of my actions in activities with student *outside of the school or Club setting*.

____ If, for any reason I cannot fulfill my obligation as a mentor, I will immediately contact the school counselor, Club contact, my mentee and Center Point to apprise them of my situation.

____ If any of my personal information pertinent to the Mentor Program changes (work phone, email, home address), I will contact Center Point with the new information.

____ In signing this document, I agree to the terms written above, and acknowledge that failure to abide by this contract will result in my being asked to resign from Center Point Mentor Program and cease to work with students in a mentoring capacity.

SIGNATURE

DATE



CONFIDENTIAL Mentor Reference

Mentor Applicant _____

This person has applied to become a Center Point Mentor with students of Gainesville City/Hall County Schools or the Boys and Girls Clubs of Hall County. Please respond to the following questions honestly. All information is confidential.

Your Name _____ Email _____

Address: _____

City: _____ State: _____ Phone _____

1. How long have you known this person? _____

2. In what capacity do you know this person (friend, coworker, etc)? _____

3. Do you feel that this person is appropriate to work with children? _____

4. Do you know of any reason why this person should not work with children? _____

5. Would you say that this person is dependable? _____

6. Would you say that this person is consistent? _____

7. Would you say that this person is patient? _____

8. Would you trust this person with your own child? _____

9. Are there any additional qualities you see in this person that will assist them in working with children?

Additional Comments:

SIGNATURE

DATE

**PLEASE RETURN THIS COMPLETED FORM TO CENTER POINT
BY EMAIL MENTORING@CENTERPOINTGA.ORG OR FAX 770.534.8204
OR MAIL 1050 ELEPHANT TRAIL GAINESVILLE, GA 30501**



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