



TAKE STOCK IN CHILDREN MENTOR APPLICATION

This form is used to apply to become a mentor with Take Stock in Children.

Equal Opportunity Policy

Take Stock in Children is an equal opportunity organization and complies with all applicable federal, state, and local non-discrimination laws. Take Stock in Children strictly prohibits and does not tolerate discrimination against students, mentors, applicants, or any other covered persons because of race, color, religion, creed, national origin or ancestry, ethnicity, sex (including pregnancy), sexual orientation, gender (including gender nonconformity and gender identity), marital status, age, physical or mental disability, citizenship, past, current, or prospective service in the uniformed services, genetic information, or any other characteristic protected under applicable federal, state, or local law. All Take Stock in Children employees, other workers, and representatives are prohibited from engaging in unlawful discrimination. Take Stock in Children will reasonably accommodate qualified individuals with a disability as required by law. Take Stock in Children will also, where appropriate, provide reasonable accommodations for an individual's religious beliefs or practices. Finally, no one will be subject to, and Take Stock in Children prohibits, any form of discipline, reprisal, intimidation, or retaliation for good faith reports or complaints of incidents of discrimination of any kind, pursuing any discrimination claim, or cooperating in related investigations.

SECTION ONE - PERSONAL INFORMATION

Name *

First Name Middle Name Last Name

Salutation

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Social Security Number *

Phone Number *

Please enter a valid phone number.

Phone Type* *

Home

Cell

Work

Email* *

Email addresses allow us to contact the greatest number of people most efficiently at a minimal cost. Be assured that email addresses will be used for professional communications only.

Date of Birth *



Month Day Year

Gender* *

Race* *

Ethnicity: Are you of Hispanic, Latinx, or Spanish origin?* *

Yes

No

Age* *

Marital Status

Do you have children? If yes, please indicate the number of daughters & sons, as well as their ages

SECTION TWO - EMPLOYMENT

Employment Status* *

Employed (Please fill out employer below)

Unemployed (Please fill out previous employer below)

Retired (Please fill out previous employer below)

Employer Name* *

Current or Previous Employer

Current Employer

Previous Employer

Employer Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Employer Phone Number *

Please enter a valid phone number.

Your Title/Position *

Employment Start Date *



Month Day Year

Department

SECTION THREE - SCHOOL PREFERENCE & AVAILABILITY

Check the area(s) you would like to mentor in.* *

NORTH (Riviera Beach, PBG & Jupiter area)

CENTRAL (West Palm Beach to Lake Worth area)

SOUTH (Boynton Beach to Boca Raton area)

WEST (Wellington to Royal Palm Beach area)

Belle Glade and Pahokee area

List any specific schools you would like to be assigned to mentor at.

SECTION FOUR - EDUCATION

Highest Level of Education Achieved* *

If degree, which field?

Are you a first-generation college graduate?* *

Are you currently enrolled in any education or training program? If yes, please specify.

Please indicate any other languages spoken

Please specify any volunteer experience or training you have had working with children in the past

SECTION FIVE - SKILLS/INTERESTS

In addition to mentoring, check one or more ways you would be willing to volunteer *

Donate Products/Services

School Supply Drive

Special Events

Other

If other, please specify how you would be willing to volunteer.

Please indicate any other skills you would like to share with our agency and/or students.

Do you have any specific training or experience in the following areas? (Check all that apply)

College Admissions / Applications
Communication
Financial Literacy / Financial Aid
Health & Wellness
Leadership
Life Skills
Persistence / Resiliency
Self Advocacy
Study Skills
Social / Business Etiquette
Time Management

Which of the following activities do you enjoy participating in or watching? (Check all that apply)

Sports
Handicrafts
Outdoor Life
Mechanics/Science
Literature
Pop Culture (Movies, TV, etc.)
Music
Collecting

If you selected any of the boxes above, please explain.

Please list any clubs or professional organizations you are a member of

I am interested in becoming a mentor because (check all that apply): *

I would be a positive role model

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

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

Are there any particular challenges you would prefer not to handle as a mentor? *

Yes

No

If yes, please explain:

Is there anything else you would like us to know about you?

How did you hear about Take Stock in Children?* *

Are you a graduate of the Take Stock in Children Program?* *

If yes, what year did you graduate and from what county?

SECTION SIX - BACKGROUND INFORMATION

Do you have any objection to undergoing a background check in order to become a mentor?* *

- No
- Yes

Do you have any felony charges? Convictions?* *

- No
- Yes

Do you have any misdemeanor charges? Convictions?* *

- No
- Yes

Personal References

Please provide the names, phone numbers, and complete mailing address of three people we can contact.

Personal Reference #1

Personal Reference 1 Name *

First Name Last Name

Personal Reference 1 Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Personal Reference 1 Phone Number *

Please enter a valid phone number.

Relationship* *

Years Known* *

Personal Reference #2

Personal Reference 2 Name *

First Name Last Name

Personal Reference 2 Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Personal Reference 2 Phone Number *

Please enter a valid phone number.

Relationship* *

Years Known* *

Personal Reference #3

Personal Reference 3 Name *

First Name Last Name

Personal Reference 3 Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Personal Reference 3 Phone Number *

Please enter a valid phone number.

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.

First Name Last Name

Supervisor's Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Supervisor's Phone

Please enter a valid phone number.

SECTION SEVEN - LEGAL/RELEASES

Signature *

First Name Last Name

Signature *

First Name Last Name

Signature *

First Name

Last Name

SECTION EIGHT - MENTOR POLICY ADHERENCE AGREEMENT