

Sumter School District Mentor Program

Mentor Package



Student Support Services
1345 Wilson Hall Road
Sumter South Carolina 29150
803-469-6900, extension 521

2017-2018

Package Includes:

- *Mentor Application*
- *Mentor Interest Survey*
- *Mentor Contract*

School _____

Sumter School District Mentor Program



Mentor Application

Date _____

Section 1: Personal Information

DOB _____ (Month/Day) Gender _____ Ethnicity _____

Name: Last _____ First _____ MI _____

Current Address: Street _____

City _____ State _____ Zip _____

Previous Address: Street _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Cell _____

Primary Email _____

Mentor Type and Mentor Relationship Preference: (Check all that apply)

Individual Group Peer (age 16-20)

What is your educational background? (Please choose one)

Some High School High School Graduate Some College Technical School College Graduate
 Master Graduate Professional School Doctorial Other (Please specify): _____

Do you have the following accounts? (Check all that apply)

Facebook _____

MySpace _____

Twitter _____

Employer _____ Job Title _____ Type of Work _____

Street Address _____

City _____ State _____ Zip _____

Please return or mail all forms to:
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Sumter School District Mentor Program



Mentor Application

Date: _____

Name _____

Please complete all of the following. This survey will help our Mentor Program know more about you and your interest and help us find a good match for you.

1. Why do you want to become a mentor?
2. Do you have any previous experience volunteering or working with youth? If so please specify.
3. What qualities, skills, or other attributes do you have that would benefit a youth?
4. Can you commit to participate in the mentoring program for a minimum of one school year (approximately 9 months) from the time you're matched with a youth?
5. Are you available to meet with a child one hour per week and have a contact at least once per week?
6. Are you currently under a physician care or taking any medication? If yes, explain.
7. How would you describe yourself as a person?
8. How would your friends, family, and co-workers describe you?
9. Have you ever been arrested or convicted of a crime? If yes, explain.
10. Are you currently using illegal drugs or illegal control substance? If yes, explain?

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Mentor Application

11. Have you ever been investigated or convicted of child abuse or neglect? If yes, explain.

12. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, explain.

13. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentor program?

14. Are you willing to attend an initial mentor training session and two one hour training sessions per year after being matched with a student?

Please read carefully before signing:

Our Mentor Program appreciates your interest in becoming a mentor.

Please initial each of the following:

_____ I agree to follow all mentor program guidelines and understand that any violation will result in suspension and/or termination of my involvement in the mentor program.

_____ I understand that Sumter County School District Mentor Program is not obligated to provide a reason for their decision in accepting and rejecting a mentor.

_____ I understand that information about me, after approval into the Mentor Program will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

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Mentor Application

I understand I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of my application being processed.

- Volunteer Application
- Volunteer Criminal Records Check Consent Form
- Volunteer Request Reference Form
- Interest Survey Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature

Date

Please note that the information provided on this application will remain confidential.

Mentor Interest Survey

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1. What days of the week are you currently available to mentor? (Check all that apply.)

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday

2. What is the best time for you to mentor? (Check all that apply)

- Morning
 Lunchtime
 After-school

3. Please select the top school/s you where you want to mentor student(s).

Elementary School (K-5th)	Middle Schools (6th-8th)	High Schools (9th-12th)
Alice Drive Elementary _____	Alice Drive Middle _____	Crestwood High _____
Cherryvale Elementary _____	Bates Middle _____	Lakewood High _____
Crosswell Drive Elementary _____	**Brewington Academy _____	Sumter High _____
R. E. Davis Elementary _____	Chestnut Oak Middle _____	
F.J. DeLaine _____	Ebenezer Middle _____	Adult Ed. _____
High Hills Elementary _____	Furman Middle _____	Career Center _____
Kingsbury Elementary _____	Hillcrest Middle _____	
Lemira Elementary _____	Mayewood Middle _____	
Manchester Elementary _____		
Millwood Elementary _____		
Oakland Primary _____	** Alternative Program _____	
Pocalla Springs Elementary _____		
Rafting Creek Elementary _____		
Shaw Heights Elementary _____		
Wilder Elementary _____		
Willow Drive Elementary _____		

4. Do you feel comfortable working with children with disabilities?

- Yes
 No

5. What do you like to do in your free time? Please select all that applies and specify.

Sports and Physical Activities: _____

Ex: Baseball, basketball, hockey, football, golf, karate, soccer, swimming, track, etc

Computer/Media: _____

Ex: Computer games, computer programs, hard/software, web surfing, social networking

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Social Activities: _____

Ex: Shopping, hanging out with friends, going to the movies or other social area, traveling

Arts, Crafts and Culture: _____

Ex: Singing, rapping, producing plays writing/performing poetry/spoken work, reading, etc.

Working/Entrepreneur _____

Education/Learning _____

Ex: Studying, going to library, work on assignments study hall, etc.

Other Activities _____

6. Do you have a favorite sport? (If so, what is it?)

7. What extracurricular activities were you involved in as a youth?

8. What was your favorite subject in school?

9. What was your least favorite subject in school?

10. How did you choose your field of work?

11. If you could learn something new, what would it be?

12. What person do you most admire and why?

Mentor Contract

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Name of Mentor: _____ Date: _____ School _____

By choosing to participate in the Mentoring Program with Sumter School District, I agree to:

(Please Initial)

- _____ Follow all rules and guidelines as outlined by the mentor training, program coordinator, school and district policies.
- _____ Make at a weekly or bi-weekly contact with my mentor. (When contacts can not be made in person, written notes by fax or cards sent in the mail are appropriate)
- _____ Make a commitment to complete this school year
- _____ Be on time for scheduled meetings or notify school contact person as soon as I know I can't keep appointment, or that I will be running late
- _____ Inform the program coordinator of any difficulties or areas of concern that may arise in the mentoring relationship
- _____ Keep any information that my mentee tells me confidential except information that may cause him or others harm, and I will report information of potential harm to the appropriate school staff.
- _____ Contacts with my mentee will occur at school sites where we can be seen by other adult staff, and where interruptions are expected
- _____ Notify the program coordinator if I have any changes in address, phone number, or employment status
- _____ Participate in training offered and read newsletters that will potentially increase my knowledge of the mentoring process.
- _____ Notify the program coordinator at least three weeks prior to my discontinuing the program, so that the closure process with the student can begin.
- _____ I will prepare the student for closure by using the suggestions given in training.
- _____ I will complete evaluation surveys sent to me at the closure of the mentoring process.
- _____ I understand that I am agreeing to a school based program with contacts limited only to the school site
Parent permission has been obtained for the contacts at the school only. Any contact with my mentee not on school campus is beyond the scope of this program

I agree to follow all the above procedures of this program and I will seek to make this a fun experience for the mentor and myself.

Signature

Date

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MENTOR'S CRIMINAL RECORDS CHECK CONSENT

Sumter School District will obtain a criminal record report as part of our volunteer background investigation process, and as a condition of your service with us. **Per Board policy GBEBDB, applicants will be required to pay for the initial Criminal Records Check.** The District may consider any activity as a possible justification to not accept a volunteer applicant. The District will maintain the report in confidence to the extent possible. By your signature below, you authorize the District to obtain this information.

First Middle Last Name

Volunteer's Date of Birth

Maiden Name (if applicable)

Male Female

Volunteer's Signature

Date

School

School Use Only: Fees Collected Yes No

Date _____ Bookkeeper's Signature _____

District Office Use Only:

SLED Approved SLED Not Approved

Date _____

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Sumter School District Mentor Program



Mentor's Request for Reference

The following individual has applied for consideration as a volunteer with Sumter School District.

Mentor Applicant: _____

I. TO BE COMPLETED BY MENTOR APPLICANT:

I hereby request that my current/previous employer/volunteer organization indicated below, disclose to Sumter School District all information listed below in Section II.

Employer/Volunteer Organization _____

Address _____

Telephone _____

Volunteer Applicant Signature

Date

II. TO BE COMPLETED BY THE CURRENT/PREVIOUS EMPLOYER:

1. Worked/volunteered from _____ to _____

2. Reason for separation: _____

3. First job title: _____ Last job title: _____

4. Description of duties in last position:

5. Eligible to return to work or service? Yes No If no, why not?

6. Would you recommend applicant to serve in Sumter School District?

Yes No If no, why not?

III.

Rate the Following	Outstanding	Above Average	Average	Below Average
Skills				
Quality of Work/Service				
Dependability				
Conduct				

Date _____ Signature _____

Organization _____ Title _____

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