

INFORMATION

First Name		Last Name		Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City		State	Zip
Home Phone	Work Phone	Cell Phone		Best contact method: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email Prefer calls in: <input type="checkbox"/> AM <input type="checkbox"/> PM	
E-mail					
Employer Name		Job Title		# of Years with Employer	
Employer Address		City		State	Zip
Are you receiving college credit or participating in the program as part of a college course? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, name of college		Referring Professor	
Have you ever been convicted of a drug charge?		Yes <input type="checkbox"/> No <input type="checkbox"/> Charge: _____			
Have you ever been convicted of a criminal offense?		Yes <input type="checkbox"/> No <input type="checkbox"/> Charge: _____			
Have you ever been convicted of abuse, neglect, or assault?		Yes <input type="checkbox"/> No <input type="checkbox"/> Charge: _____			

Mentoring programs are offered in the following schools. Please check your preference.

Are you volunteering as a: School-Based Mentor **OR** E-mentor (available at schools marked with an *)

Sioux Falls Elementary

- | | |
|--|--|
| <input type="checkbox"/> Anne Sullivan | <input type="checkbox"/> Mark Twain |
| <input type="checkbox"/> Cleveland | <input type="checkbox"/> Oscar Howe |
| <input type="checkbox"/> Discovery | <input type="checkbox"/> Renberg |
| <input type="checkbox"/> Eugene Field | <input type="checkbox"/> R.F. Pettigrew |
| <input type="checkbox"/> Garfield | <input type="checkbox"/> Robert Frost |
| <input type="checkbox"/> Harvey Dunn | <input type="checkbox"/> Rosa Parks |
| <input type="checkbox"/> Hawthorne | <input type="checkbox"/> Terry Redlin |
| <input type="checkbox"/> Hayward | <input type="checkbox"/> Immersion Program |
| <input type="checkbox"/> Horace Mann | |
| <input type="checkbox"/> Jefferson | |
| <input type="checkbox"/> John F. Kennedy | |
| <input type="checkbox"/> John Harris | |
| <input type="checkbox"/> Laura B. Anderson | |
| <input type="checkbox"/> Laura Wilder | |
| <input type="checkbox"/> Longfellow | |
| <input type="checkbox"/> Lowell | |

Sioux Falls Middle

- | |
|--|
| <input type="checkbox"/> Axtell Park |
| <input type="checkbox"/> Edison |
| <input type="checkbox"/> Memorial |
| <input type="checkbox"/> Patrick Henry |
| <input type="checkbox"/> Whittier |

Sioux Falls High

- | |
|---------------------------------------|
| <input type="checkbox"/> Roosevelt |
| Baltic |
| <input type="checkbox"/> Baltic Elem. |

Brandon Valley

- | |
|---|
| <input type="checkbox"/> Brandon Elem. |
| <input type="checkbox"/> Fred Assam Elem. |
| <input type="checkbox"/> Robert Bennis Elem. |
| <input type="checkbox"/> Valley Springs Elem. |
| <input type="checkbox"/> Brandon Valley MS |

Canton

- | |
|---|
| <input type="checkbox"/> Lawrence Elem. |
| <input type="checkbox"/> Canton MS |
| <input type="checkbox"/> Canton HS |

Garretson

- | |
|--|
| <input type="checkbox"/> Garretson Elem. |
| <input type="checkbox"/> Garretson MS* |
| <input type="checkbox"/> Garretson HS* |

Harrisburg

- | |
|---|
| <input type="checkbox"/> Explorer Elem. |
| <input type="checkbox"/> Journey Elem. |
| <input type="checkbox"/> Liberty Elem. |
| <input type="checkbox"/> Harrisburg MS* |
| <input type="checkbox"/> Harrisburg HS* |

Lennox

- | |
|---|
| <input type="checkbox"/> Chancellor Elem. |
| <input type="checkbox"/> Lennox Elem. |
| <input type="checkbox"/> Worthing Elem. |
| <input type="checkbox"/> LWC MS |

Tea Area

- | |
|---|
| <input type="checkbox"/> Tea Elem. |
| <input type="checkbox"/> Tea Intermediate |
| <input type="checkbox"/> Tea Area MS |
| <input type="checkbox"/> Tea Area HS |

Tri-Valley

- | |
|--|
| <input type="checkbox"/> Tri-Valley MS |
| <input type="checkbox"/> Tri-Valley HS |

West Central

- | |
|---|
| <input type="checkbox"/> Hartford Elem. |
| <input type="checkbox"/> Humboldt Elem. |
| <input type="checkbox"/> West Central MS* |
| <input type="checkbox"/> West Central HS* |

*e-mentoring available

REFERRAL

How did you hear about the LSS Mentor Program? Check as many as apply and describe below.

- | | | | | |
|---|--|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Radio | <input type="checkbox"/> Television | <input type="checkbox"/> LSS Website | <input type="checkbox"/> Church |
| <input type="checkbox"/> Work | <input type="checkbox"/> Friend | <input type="checkbox"/> United Way | <input type="checkbox"/> School | <input type="checkbox"/> Volunteer Website |
| <input type="checkbox"/> Facebook/Twitter | <input type="checkbox"/> Current Mentor: _____ | | <input type="checkbox"/> Other: _____ | |

Please provide any additional referral details: _____

1. I prefer to work with a specific age:

- Age 5-7 (grade K-1)
 Age 9-11 (grade 4-5)
 Age 13-14 (grade 8)
 Any age
 Age 7-9 (grade 2-3)
 Age 11-13 (grade 6-7)
 Age 15-18 (grade 9-12)

2. If volunteering as an in-person mentor, I am available the following days/times during school hours (typically 8-3):

Monday	Tuesday	Wednesday	Thursday	Friday
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3. Please list any other information about yourself you feel would be helpful in matching you with a student. This can include any special hobbies, talents, or interests.

4. Please describe any previous experience working with children.

5. Why are you interested in becoming a mentor?

Please list three non-family references. Please provide complete information to expedite your application.

1. Name	Relationship	Email		
Address	City	State	Zip	Phone
2. Name	Relationship	Email		
Address	City	State	Zip	Phone
3. Name	Relationship	Email		
Address	City	State	Zip	Phone
Emergency contact name	Relationship			Phone

FOR OFFICE USE:

- CBC Complete: _____
 SORC Complete: _____
 VERIF Complete: _____
 REF Complete: _____

Disclosure and Release of Information Authorization

I authorize **Lutheran Social Services of South Dakota and Verifications, Inc.**, a consumer reporting agency, to retrieve information from government agencies and law enforcement agencies at the federal, state (including the Minnesota Bureau of Criminal Apprehension), or county level, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received is limited to criminal history records. I understand that this information may be shared with officials in the school district in which I plan to volunteer

I hereby certify that all the statements and answers set forth on the application form are true and complete to the best of my knowledge, and I understand that if subsequent to my service in the School-Based Mentor Program any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my service in the Mentor Program.

I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that this release will remain in effect throughout my time with the School-Based Mentor Program.

Please print clearly and complete all fields or you may experience a delay in the application process.

Signature	Social Security Number	Today's Date
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Last Name	First Name	Middle Name
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Mailing Address	City	State	Zip
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Driver's License No.	State of License	Expires On	Birth Date
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List any other CITIES AND STATES in which you have lived during the previous 7 years.

List any other LAST NAMES you have used during the previous 7 years.

SCHOOL-BASED MENTOR PROGRAM

MENTOR AGREEMENT

Please initial where noted to confirm your understanding of the program guidelines. Thank you for carefully reading before completing.

I, undersigned, hereby state that if accepted as a mentor, I agree to abide by the rules and regulations of the school and the School-Based Mentor Program. I affirm that:

- _____ I will do my best to visit with my mentee for 30-60 minutes once per week at school, during the regular school day or at school-sanctioned events throughout this school year and any subsequent school year that I participate. In the event that I cannot attend as scheduled, I agree to contact the school in advance of the scheduled meeting.
- _____ I am encouraged to contact the school before a scheduled meeting to verify that the student is in attendance unless the school has specifically indicated that they will contact me.
- _____ I am willing to commit to at least one school year in the program and will be asked to consider renewing my participation for another year.
- _____ The information I have provided in the application may be verified, and I give permission to the school district listed above and Lutheran Social Services of South Dakota to make inquiry of others concerning my suitability to act as a volunteer.
- _____ In the course of volunteering for the school district, I may be dealing with confidential information, and I agree to keep said information in the strictest confidence. This means that I will not discuss my student's personal problems publicly or with others. If I need help, I will seek the assistance of the school site coordinator or School-Based Mentor Program staff. I understand that this confidentiality does not apply to suspicions I may have about abuse, neglect, illegal activity, or suicide. If these issues arise, I will immediately contact the school site coordinator or principal.
- _____ The relationship between the school district and volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by the volunteer, the school district, or Lutheran Social Services.
- _____ I agree to attend new mentor training.
- _____ I will be a positive role model to my mentee.
- _____ I agree to abide by the policies and guidelines of the mentor program and the school in which I volunteer. I understand that failure to do so may result in termination of the mentoring relationship.
- _____ I understand that all mentor activities shall take place during the school day, on school grounds, or at school-sponsored events at which school personnel are in attendance.

Signature

Today's Date

PLEASE RETURN COMPLETED APPLICATION TO:

Lutheran Social Services of South Dakota
School-Based Mentor Program
621 E. Presentation Street
Sioux Falls, SD 57104

FAX: 605-221-2404 | PHONE: 605-221-2403 | EMAIL: mentoring@lsssd.org

www.mentoring.lsssd.org