

T.I.M.E. Mentoring Program

Mt. Laurel School District
316 Elbo Lane
Mt. Laurel, NJ 08054
Phone: 856-235-7900
Fax: 856-235-4495

PLEASE PRINT

Date: _____

First Name: _____ MI: _____ Last Name: _____

Social Security Number: _____ Gender: Male Female

Address: _____

City: State: Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Date of Birth: Age: _____

Area of Mt. Laurel/School Preference _____

Grade Level Preference: _____

Your Race/Ethnicity: (choose **ALL** that apply):

- American Indian/Alaska Native Native Hawaiian/Pacific Islander
 Asian White
 Black/African American Other (Specify):
 Hispanic/Latino

Current Marital Status (Choose **ONE** only):

- Married, spouse present Divorced
 Married, spouse absent Never Married
 Widowed

Do you have experience as a parent or a parental figure? Yes No

Have you had experience as a mentor to youth? Yes No

What is the primary reason you wish to become a T.I.M.E. mentor?

- Want to give back to the Community
 Had a positive experience with a mentor as a child
 Organization sponsored community service project
 Wanted to experience for career or educational development
 Other (please specify): _____

T.I.M.E. Mentor Application

T.I.M.E. Mentor Application

What is your highest level of education completed? (**Choose ONE**):

- High school not completed Associate's degree Ph.D.
 High school diploma BA/BS degree Other (Specify): _____
 College courses Master's degree

What is your employment status? (**Choose ONE**):

- Unemployed Employed Retired Student

If you are a student, list an additional permanent address: _____

Please select one of the following that best categorizes your current or past employment. (**Choose ONE**):

- Managerial/Professional (teacher, doctor, social worker, etc.) Service Military
 Technical/Sales/Administrative Religious Other specify): _____
 Law Enforcement/Justice

Name of employer: _____

Identify all service organizations, faith-based entities, or community groups you are affiliated with.

- Faith-based: Service Organization:
 Business/Workplace: Other:

Write a brief statement as to why you wish to become a T.I.M.E. Mentor:

"Children need models more than they need critics."
 Joseph Jubert

Describe any special interest, foreign languages, hobbies, or volunteer experiences that may help in matching you and your student:

PLEASE LIST 3 NON-FAMILY REFERENCES WITH DAYTIME PHONE NUMBERS

	1st Reference	2nd Reference	3rd Reference
Name			
Address			
City/State/Zip			
Home Phone			
Work Phone			
Relationship			

MENTOR EMERGENCY INFORMATION

Name: _____

Special Medical condition(s) _____

Hospital Preference in Case of Emergency: _____

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T.I.M.E MENTOR AGREEMENT

I, _____ (your name) acknowledge that if accepted as a T.I.M.E. Mentor, I agree to abide by the rules and regulations of the T.I.M.E. Mentoring Program. I understand that the program involves spending time weekly at the assigned school with my youth mentee during the school year. I will be committed to a minimum of one school year in the program with the goal of developing a multi-year commitment to the youth

I also agree to the following:

- To actively participate in training sessions before meeting with my youth mentee.
- To be on time for scheduled meetings.
- To sign in at the school prior to each visit.
- To notify the T.I.M.E. office if I am unable to keep my regularly scheduled meeting with my youth mentee.
- To engage in the one-to-one mentoring with an open mind.
- To accept assistance from the student's teachers and T.I.M.E. Mentoring Program staff.
- To keep discussions with the student confidential, except to inform the teacher or school T.I.M.E. facilitator about situations that negatively affect the student's health or welfare.
- To ask the T.I.M.E. staff when I need assistance or do not understand something.
- To notify the T.I.M.E. facilitator of any changes in my employment, address, or phone number.
- To notify the T.I.M.E. facilitator of any problems or difficulties with the relationship.
- To follow any procedures or guidelines outlined by the T.I.M.E. program.

I understand that the T.I.M.E. Mentoring Program reserves the right to deny application to any person and to terminate a mentor from the program. This program **does not accept responsibility** for relationships beyond the school day.

I have read the above statements and agree to the contents. To the best of my knowledge and belief, all statements in this profile application are true and accurate.

Signature Date

Check here if you do not wish to have photographs you might be in, published for the promotion of the T.I.M.E. Mentoring Program.

Christian Kids Network Inc.

(T.I.M.E. Mentor Program)

Background Investigation Consent

I _____ (applicant complete name), hereby authorize **Christian Kids Network Inc.** and or agents to make an independent investigation of my background, references, character, past employment, education , criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information continued on my Application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with **Christian Kids Network Inc.**

I release **Christian Kids Network Inc.** and or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true\e and complete legal name, and all information is true and correct to the best of my knowledge

Full Name (printed)

Maiden name or other names used

Present street address

How Long?

City /State

Zip

Former street Address

How Long?

City/State

Zip

Date of Birth

Social Security #

Driver's License#

State of License

Signature

Date