



**Partners  
IN  
Education**  
**MENTOR APPLICATION**

**RETURN TO:**  
Elkhorn Public Schools  
Attn: Janna Anderson  
20650 Glenn Street  
Elkhorn, NE 68022

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

APT # (If applicable) \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMPLOYER/OCCUPATION (If applicable) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY CONTACT PHONE \_\_\_\_\_

Describe any special interests, hobbies or experiences that might be helpful in matching you with a mentee (e.g. fluency in Spanish, interest in computers, previous experience working with youth).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any physical limitations of which we should be aware \_\_\_\_\_

\_\_\_\_\_

**PLEASE INDICATE ANY OF THE FOLLOWING PREFERENCES:**

DAY(S) OF THE WEEK \_\_\_\_\_ TIME OF DAY \_\_\_\_\_

MALE MENTEE \_\_\_\_\_ FEMALE MENTEE \_\_\_\_\_

ELEMENTARY \_\_\_\_\_ MIDDLE SCHOOL \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_

OTHER PREFERENCES \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED FOR A MISDEMEANOR OR FELONY? YES \_\_\_\_\_ \*NO \_\_\_\_\_

\*If "YES" please attach material indicating the crime for which you were arrested, the dates of conviction or guilty pleas, the date you were sentenced and the sentence imposed. If you are currently on probation, provide the name and telephone number of your probation officer.

**REFERENCES**

Please submit two professional or personal references.

NAME	_____
RELATIONSHIP TO APPLICANT	_____
OCCUPATION/EMPLOYER	_____
PHONE	_____
NAME	_____
RELATIONSHIP TO APPLICANT	_____
OCCUPATION/EMPLOYER	_____
PHONE	_____

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If matched with a student, I agree to meet with my student at least once a week for the remainder of the school year, attend mentor training activities, and provide positive guidance and encouragement. I understand that my name and phone number may be given to the student's parent(s) or guardian(s).

I also agree to the following:

- To actively participate in mentor training sessions
- To be on time for scheduled meetings
- To sign in at the school office prior to each visit
- To notify the school office if I am unable to keep my regularly scheduled meeting
- To accept assistance from the District Coordinator, the Building Facilitator and the student's teacher(s)
- To keep discussions with the student confidential, except to inform the counselors or Building Facilitators regarding situations that may have serious negative effects on the student's health or welfare
- To seek assistance from the building facilitator when needed
- To notify the building facilitator of any changes in employment, address, or phone number(s)
- To consult with the building facilitator if there are any difficulties in the mentoring relationship
- To follow any procedures or guidelines outlined by the Elkhorn Public Schools Partners in Education Mentoring Program

My signature below affirms any of my previous employers, law enforcement agencies, mental health care providers and the courts to release information that pertains to questions in this section to the Elkhorn Public School District.

My signature below also authorizes the District to conduct a background check investigation and authorizes release of information in connection with my application. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references and other appropriate sources. I waive my right of access to any such information of any liability with its release or use.

Furthermore, I certify that I have provided true and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I understand that any omission, falsification or misrepresentation made by me on this application or any supplement to it will be sufficient grounds for failure to admit in a mentor capacity. I recognize that the Elkhorn Partners in Education Program reserves the right to deny acceptance to any mentor and to terminate a mentor from the program.

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APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

