



Mentor Application

Volunteer Number _____

Thank you for your interest in serving as a mentor in the North East Independent School District. We are excited to have you join us as a "Partner in Education." Please complete the following form and return it to the District Volunteer Coordinator, NEISD, 8961 Tesoro Dr., Ste. 402, San Antonio, TX 78217. Questions may be directed to the Volunteer Program at (210) 804-7226. **Please print clearly.**

Name: _____

I wish to mentor at (school name): _____

Address: _____ Telephone:(h) _____ (w) _____

City/State/Zip Code: _____ (c) _____ (p) _____

E-Mail Address: _____

Source: AARP/Senior BBBS Business Chamber of Commerce
 Military Installation Jewish Federation Newspaper Other: _____
 SAMF University

Preference/Areas of Interest:

Working with: Individual Student Small Groups
Grade level (kindergarten through 12th grade): _____
Time Available: Daily Weekly Bimonthly Monthly
Time of Day: Morning Afternoon Evening
Number of Hours Available: _____ morning _____ afternoon _____ evening
Days of Week: Monday Tuesday Wednesday Thursday Friday Any Day

Special skills, interests, hobbies that I am willing to share with students: _____

Previous volunteer experience (type of service, location, length of service): _____

Would you be interested in working with a special needs student? Yes No

Education/Degrees: _____

Vocational or Special Training: _____

Proficient Languages other than English: _____

I understand that I am offering my services to the school without compensation and without any rights to health benefits in case of injury. I will be contacted and attend volunteer/mentor training sessions provided. I will check in at the office, and sign in and out on each visit to the school.

Signature _____

Date _____

(Please complete both sides of this form.)

Please indicate all areas in which you would like to serve as a mentor in our schools.

Program/Area of Interest:

- | | | | |
|--|-------------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> Adult Literacy Tutoring | <input type="checkbox"/> Adult | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> KINs (after-school program) | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> School/Business Partnership | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Speakers' Bureau | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Special Talents _____ | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Tutoring - Math | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Tutoring - Reading | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Tutoring - Science | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Tutoring - Other _____ | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |

Please explain your reasons for wanting to volunteer in our school district: _____

Please provide us with one reference (other than a relative).

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone: (w) _____ (h) _____

For the safety of our students, North East Independent School District requires permission to obtain a criminal history record of prospective mentors. Please complete the Criminal History Record Check providing the necessary permission. A criminal history check will be conducted automatically by the Volunteer Program every three years. If you have already completed a Criminal History Record Check for another NEISD school, please indicate the school. _____

Do you have any questions about serving as a mentor in the North East Independent School District?

FOR OFFICE USE ONLY:	
Date Contacted: _____	Date Assigned: _____
School Assigned: _____	Position: _____
Contact: _____	Phone: _____

(Please complete both sides of this form.)