

TAKE STOCK IN CHILDREN SCHOLARSHIP MENTOR APPLICATION

Applicant Name _____ E-mail _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home Address _____

Employer _____ Job Title _____

Employer Address _____

Date of Birth _____ Gender _____ Social Security # _____

Education Level/Special Training _____

Have you ever served as a volunteer? _____ If yes, where? _____

Type of service performed _____ How long? _____

Special Skills, Talents, or Hobbies _____

Where are you willing to serve? (Check all that apply.) Mosley ___ Rutherford ___ Bay HS ___
Arnold ___ Bozeman ___ Bay Haven ___ Mowat ___ Breakfast Point ___ Everitt ___ Jinks ___
Merritt Brown ___ North Bay Haven ___ Surfside ___ Newpoint Bay ___ New Horizons ___
CC Washington ___ Rosenwald ___

What day/days are you available to serve? (Circle all that apply.) M T W Th Fr

What times between 8 a.m. and 2 p.m. is best for you to mentor? _____

**Lunch times work best for our students, if coordinated with your lunch.

In case of emergency, who should we contact? _____ Phone _____

Why do you wish to be involved with a middle/high school student? _____

It is understood that I am offering my services to Bay District Schools without compensation and without any rights to health benefits in case of injury. I hereby give my permission for the Bay County Sheriff's Department to perform a background check so that I may be eligible to become a mentor and give Bay Education Foundation permission to release my name to Take Stock in Children.

Applicant Signature _____

Date _____

Please return completed application to: Janet Kessler, Bay Education Foundation,
1311 Balboa Avenue, Panama City, FL 32401
(850) 767-4111 www.bayeducationfoundation.org





POLICY ADHERENCE AGREEMENT

Please initial your approval next to each statement.

- As a mentor in the Take Stock In Children program, I will always act in a manner that is in the best interest of my student.
- I will notify Take Stock In Children if I must terminate my mentor position for any reason.
- I will notify my student or his/her school liaison or the Take Stock In Children Student Advocate if I am unable to attend a previously scheduled meeting.
- I will not willfully arrange contact with my student off school property and not under the supervision of Take Stock In Children or the local program.
- I will not drive my student in my car.
- I understand that Take Stock In Children will terminate my relationship with my student if I violate any of the above policies.

Mentor Name (please print)

Mentor Signature

Date