

OBION COUNTY SCHOOLS

Office of Coordinated School Health
Mentoring Application

APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available	Social Security No.		Driver's License	
Are you: Male <input type="checkbox"/> Female <input type="checkbox"/>				
Have you ever been convicted of a felony, forfeited bond, or currently on probation for a misdemeanor or felony in a court of law?			If YES, please explain:	
YES <input type="checkbox"/> NO <input type="checkbox"/>				
Do you have a specific school you would like to mentor in?			If YES, where?	
YES <input type="checkbox"/> NO <input type="checkbox"/>				
Do you have a specific age or cultural/ethnic preference for a child to be mentored?			If yes, explain	
YES <input type="checkbox"/> NO <input type="checkbox"/>				

Comments:

WHY DO YOU WANT TO BE PART OF THE OBION COUNTY SCHOOLS MENTORING PROGRAM?

REFERENCES

Please list three references. The first will be your current employer. The others will be personal references. Mark retired if applicable.

Full Name of current employer:	Supervisor
Company	Phone ()
Address	Comments:
Full Name of personal reference:	Relationship
Address	Phone ()
Comments:	
Full Name of personal reference:	Relationship
Address	Phone ()

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that this application will be maintained in a confidential manner. I authorize the Mentor Advisory Committee members to make inquiries of my references, co-workers, and acquaintances and to review my social services and law enforcement records. I further understand that all information obtained will be used to determine my eligibility for involvement in the mentor program. I voluntarily waive all right of recourse and release the mentor program and its Advisory Committee members and participating agencies from any liability which may arise out of or that is in any way connected with their use of the information obtained pursuant to this authorization.

Signature:	Date:
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RETURN APPLICATION TO THE OFFICE OF COORDINATED SCHOOL HEALTH. THANK YOU!

Personal Interest Inventory

Please check the activities in which you are interested. This will allow us to make the most successful match for the mentor and mentee.

Sports:

- boating
- swimming
- baseball
- football
- softball
- basketball
- volleyball
- golf
- tennis
- track meets
- bowling
- wrestling
- bike riding
- horseback riding
- roller skating
- skate boarding
- weight lifting
- auto racing
- fishing
- hunting
- hiking
- camping
- ping-pong
- go-karts

Arts and Crafts:

- drawing
- painting
- dancing
- singing
- drama
- photography
- cooking
- sewing
- woodworking
- model cars, airplanes, boats

Outdoor Life:

- animals
- birds
- flowers/plants
- gardening
- cook outs

Reading:

- comic books
- newspaper
- magazines
- fiction
- non-fiction

Other Interests:

- card games
- checkers
- chess
- dominoes
- Monopoly
- puzzles
- video games

Musical Instruments:

Cultural:

- live concerts
- live theater
- movies
- music

Type of music:

Science/Mechanics:

- auto mechanics
- airplanes
- chemistry
- electronics
- space science