



Communities In Schools of Greenbrier County

Volunteer/Mentor Application

Name: _____
 First Last MI

Address: _____
 Street City State ZIP

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Program Site (if known): _____

Please describe and education, training, work experiences, special skills, hobbies, and/or interests applicable to the working as a mentor or volunteer with CISGC:

Please list 2 references:

1. Name _____
 First Last MI

Address _____
 City State ZIP

Phone 1 _____ Phone 2 _____

Relationship _____ Email _____

2. Name _____
 First Last MI

Address _____
 City State ZIP

Phone 1 _____ Phone 2 _____

Relationship _____ Email _____

Emergency Contact Information

1. Name _____
 First _____ Last _____ MI _____

Phone 1 _____ Phone 2 _____

Relationship _____

2. Name _____
 First _____ Last _____ MI _____

Phone 1 _____ Phone 2 _____

Criminal History and Background Information

Please answer the following questions and provide a brief explanation where applicable. If you need additional space, please include a separate sheet of paper. Please note, a criminal background check is required for any volunteer wishing to be a CISGC mentor.

1. Have you even been convicted of a felony? ___ Yes ___ No

If yes, please explain:

2. Have you even been convicted of a misdemeanor? ___ Yes ___ No

If yes, please explain:

3. Have you even been brought before a juvenile court? ___ Yes ___ No If yes, please explain:

4. Have you even been investigated by Child Protective services? ___ Yes ___ No If yes, please explain:

Criminal History Check Authorization for Release of Information

By signing below, I hereby authorize the West Virginia State Police and/or the Lewisburg City Police, Greenbrier County Sherriff's Department, Greenbrier County Prosecuting Attorney, Probation Officer, the WV Department of Health and Human Services or any other qualified agency* to release information pertaining to my criminal background to Communities In Schools of Greenbrier County. I understand that this information will be used only for the purpose of determining my qualifications as a potential volunteer/mentor and that any information obtained will be kept confidential. I understand that the information contained in my record may disqualify me from working with Communities In Schools of Greenbrier County.

Signature: _____ Date _____

*CIS of Greenbrier County uses *Hire Right* to conduct criminal background checks for volunteers. The cost to the agency is \$12.30 per background check.

Please check here if you would like to make a donation to cover the cost of your background check.

Alcohol/Drug Use Policy

I understand that I am strictly prohibited from performing any services as a volunteer/mentor with Communities In Schools of Greenbrier County while under the influence of alcohol or any controlled or illegal substance. I understand that a violation of this policy will result in my immediate termination as a volunteer/mentor.

Signature: _____ Date _____

Statement of Confidentiality

As a volunteer/mentor with Communities In Schools of Greenbrier County, I WILL NOT divulge any confidential information concerning any child for whom I provide services, nor will I discuss that child's situation or problems with anyone other than the appropriate Communities In Schools of Greenbrier County staff. I understand that this is for the protection of the child, my fellow volunteers, and the organization as a whole. I will remember that the child for whom I am providing services needs my help free from both judgment and gossip.

Signature: _____ Date _____

Statement of Receiving Mandatory Reporting Policy Training

By signing below, I am stating that I have received mandatory reporting training and I understand the materials covered during the training. I understand that if I have any questions about mandatory reporting, I should ask the appropriate CISGC staff.

Signature: _____ Date _____

Mentor Agreement

As a mentor in the CISGC Mentoring Program, I agree to the following:

- Make a one-year commitment to mentoring;
- Attend an orientation session;
- Be on time for scheduled meetings;

- Notify CISGC staff and the school if I am unable to keep my weekly mentoring session;
- Engage in the relationship with an open mind;
- Accept assistance from my mentee's teacher and/or school support staff;
- Keep discussions with my mentee confidential, unless the child's safety or well-being is at risk or I suspect child abuse;
- Ask CISGC staff when I need assistance, do not understand something or am having difficulty with my mentoring relationship;
- Notify CISGC staff of any changes in email, address and telephone number;
- Notify the program coordinator of any significant change in my mentee; and
- Refrain from contacting or seeing my mentee off-campus or outside of the established parameters.

 Mentor Signature

Date

Adapted from The Connecticut Mentoring Partnership, Business Guide to Youth Mentoring, and South Windsor Mentoring Program.

Volunteer Schedule

Name

First

Last

MI

Please circle all that apply

Grade Preference:

1st2nd3rd4th5th6th7th8th9th

10th 11th 12th

No Preference

School Preference: Alderson Elem Crichton Elem Rainelle Elem
 Rupert Elem Ronceverte Elem Eastern GMS Greenbrier East HS
 Smoot Elem White Sulphur Elem Western GMS No Preference on School

Available Days: Mon Tue Wed Thur Fri Any

Available Times:

8:00 – 9:00 9:00 – 10:00 10:00 - 11:00 11:00 – 12:00 12:00 – 1:00

1:00 – 2:00 2:00 – 3:00 3:00 – 4:00 Afterschool Program Only

No Preference on time frame

** Please note that students' availability varies by school, grade, and schedule*

I would like to: Mentor Tutor Either

If tutor... please list preferred subjects: