



**School Based  
Mentoring Program**

**MENTOR APPLICATION**

Each prospective mentor will need to complete and return the following forms.

1. Application Form
2. Criminal History Consent Form (notarized)
3. Reference Sheet

If you have any questions, please call The Mentoring Group at:  
**(864.421-0100)**

Our thanks to you for considering volunteering for a program that is having a significant impact on students in our public schools.

**We Really Appreciate You!**

**Anneice Newkirk  
Executive Director**

**RETURN THIS APPLICATION TO:**

**The Mentoring Group  
2320 East North Street  
Suite RR-104  
Greenville South Carolina 29607**

## MENTOR JOB DESCRIPTION

- Title:** Mentor
- Term:** One year (school year)
- Requirements:** Volunteers must be 21 years of age or older and live or work in Greenville County.
- Responsibilities:** Mentors and are asked to make a one-year commitment to the program and are required to spend a minimum of three hours per month at school or in school related activities with their mentee/students. Your commitment to this program and to your mentee is very important.
- Supervision:** Mentor/mentee relationships are coordinated by the Program Coordinator on behalf of The Mentoring Group. He/she will introduce you to the school coordinator of the school to which you are assigned. The Mentoring Group's staff and its board members in collaboration with the school coordinator will be directing the overall activities of the program.
- Training:** Training for mentors is provided by The Mentoring Group. The next training session will be: \_\_\_\_\_ at \_\_\_\_\_. If this date is not convenient, call our office at 864-421-0100 for the date of the next session. Additional assistance will be provided on an as-needed basis.
- Hours:** Flexible. Scheduling will be handled on an individual basis, depending upon the availability of the mentor and the student's class schedule. A commitment of one hour per week for a minimum of three hours per month is required.
- Location:** Mentoring will occur at the student's school or during activities sponsored/supervised by The Mentoring Group.
- Essential Mentor Characteristics:** They are dependable, trustworthy, caring adults. Who are dedicated and committed to the achievement of academic, personal and occupational success of the students in Greenville County.



## Mentor Application

(PLEASE PRINT) DATE \_\_\_\_\_

NAME: Dr/Mr/Mrs/Ms \_\_\_\_\_ AGE \_\_\_\_\_

LOCAL MAILING ADDRESS \_\_\_\_\_

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

LOCAL PHONE (h) \_\_\_\_\_ PHONE (w) \_\_\_\_\_ E-mail \_\_\_\_\_

PERMANENT ADDRESS (if different from above) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

IF A COLLEGE STUDENT NAME of SCHOOL ATTENDING \_\_\_\_\_

EXPECTED GRADUATION DATE (student only) \_\_\_\_\_

EDUCATION (check highest level):

High School \_\_\_ Some College \_\_\_ Associate Degree \_\_\_ Bachelor's \_\_\_ Master's \_\_\_ Doctorate \_\_\_

COMMUNITY INVOLMENT \_\_\_\_\_

EXPERIENCES WORKING WITH CHILDREN \_\_\_\_\_

FOREIGN LANGUAGES \_\_\_\_\_ SPOKEN \_\_\_\_\_ OR WRITTEN \_\_\_\_\_

MENTEE PREFERENCE:

Middle (12 – 14) \_\_\_ High (15 – 20) \_\_\_ First Year of College \_\_\_

Age \_\_\_ Gender \_\_\_ Ethnic Group \_\_\_\_\_

Personality of Student \_\_\_\_\_

SCHOOL PREFERENCES (if desired): \_\_\_\_\_

I AM WILLING TO COMMIT TO AT LEAST 1 HOUR PER WEEK FOR THE REMAINDER OF THE SCHOOL YEAR.

\_\_\_\_\_  
(Applicant's Signature)

◆◆◆ PLEASE WRITE A PARAGRAPH ABOUT YOUR INTERESTS, HOBBIES, LIKES & DISLIKES, AND FUTURE PLANS ON THE BACK OF THIS PAGE ◆◆◆



***This PERMISSION FORM, APPLICATION and the REFERENCES SHEET must be printed, signed, notarized and, mailed to us. We can NOT accept facsimiles.***

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**PERMISSION for CONSENT**

**I hereby authorize The Mentoring Group or their agent to receive, on an annual basis, any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency. All information will be held in the strictest confidence. I understand that the cost for each application renewal is \$8.00 and payable by the mentor at the time of renewal.**

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**Full Name (PRINTED)**

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**Address**

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**Sex**

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**Nationality**

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**Date of Birth**

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**Social Security Number**

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**Applicant Signature**

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**Notary (required)**

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**Date**

## REFERENCES

***PLEASE LIST THREE (Non-Relatives) THAT WE MAY CONTACT***

**1. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_  
(DAY TIME)

**2. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_  
(DAY TIME)

**3. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_  
(DAY TIME)

**If the day time is not a good time to contact your reference(s) please provide an appropriate time and number that we may call.**