



# MENTOR / VOLUNTEER PROGRAM APPLICATION

P.O. Box 1608, Fort Myers, FL 33902

Phone: 239-337-0433 Fax: 239-337-7077

[www.leeschoolfoundation.org](http://www.leeschoolfoundation.org) Contact: [mentor@leeschoolfoundation.org](mailto:mentor@leeschoolfoundation.org)

**Instructions:** Please complete this form so that we may have sufficient information to complete a background check and provide the best mentoring match possible.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex:  Male  Female Married:  Yes  No

Race:  White  Black  American Indian  Hispanic  Non-Hispanic  Asian/Pacific Islander  Other

Do you have children:  Yes  No If yes, how many? \_\_\_\_\_ How old are they? \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer address: \_\_\_\_\_  
City State Zip

Work Email: \_\_\_\_\_ Home email: \_\_\_\_\_

**I prefer to be contacted:**  at home  at work,  either .

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone number: \_\_\_\_\_ Alternate Phone number: \_\_\_\_\_

**School Preferences: (please list up to 3 schools, middle or high, that you prefer traveling to)**

View school names and locations at <http://www.leeschools.net/school/>

### **MENTOR RELEASE**

In order for The Foundation for Lee County Public Schools, Inc., to complete the processing of mentor applications, I understand a routine local and state criminal background check is conducted. Results will remain confidential and are considered the property of the Foundation. I also understand and agree to any background inquiries from employers and various federal, state and other agencies which maintain records of my past activities. I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information in accordance with all federal and state laws.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that the following topics should be avoided and referred to a School Guidance Counselor or the School Mentor contact: **Illegal Drug Use, Human Sexuality, Abusive Relationship (Verbal/Physical), Religious Beliefs.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mentor Name:** \_\_\_\_\_

**MENTOR BIOGRPAHY:**

**Education & Training:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Past Employment:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Previous or current volunteer & community organization experience:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Hobbies, skills, other interests:** \_\_\_\_\_

\_\_\_\_\_

**Are you a seasonal resident:**  **Yes**  **No** If yes, when are you available to volunteer? \_\_\_\_\_

How many miles, on average, are you willing to drive in order to mentor? \_\_\_\_\_

**How did you learn about the Foundation and our mentoring programs (Take Stock in Children, STAMP, Future Makers)?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Why do you wish to be involved in the Foundation's mentoring programs?**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please list two (2) references (non-family members):**

**Name :** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
City State Zip

**Name :** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
City State Zip

Form B



Florida Department of Law Enforcement
Criminal Justice Information Services Division/User Services Bureau

VECHS WAIVER AGREEMENT AND STATEMENT
Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (enter Name of Qualified Entity) The Foundation for Lee County Public Schools to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity) (Year of Request)

I \_\_\_have OR \_\_\_have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

\_\_\_\_\_

I \_\_\_do OR \_\_\_do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee [ ] Volunteer [ ] Contractor/Vendor [ ]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: The Foundation for Lee County Public Schools

Address: 2266 Second Street Fort Myers, FL 33901

Telephone: (239)337-0433 Fax: (239)337-7077

FDLE Assigned Qualified Entity Number: V36040096

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY