



Clarke County  
Mentor Program

Athens Area Chamber of Commerce  
246 West Hancock Avenue  
Athens, GA 30601  
(706) 353-2288 or 549-6895

## **CLARKE COUNTY MENTOR PROGRAM APPLICATION PACKAGE**

Each prospective mentor should complete and return all of the following three forms.

- 1. Application form**
- 2. Criminal History Consent form\* (notarized)**
- 3. Mentor Program Consent form\* (notarized)**

If you have any questions, please call us at the Chamber of Commerce 353-2288, or 549-6895.

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

**We really appreciate you!**

Trudy Bradley  
Program Coordinator

### **RETURN THIS APPLICATION TO:**

Clarke County Mentor Program  
246 West Hancock Avenue  
Athens, GA 30601

## MENTOR JOB DESCRIPTION

- Title:** Mentor
- Term:** One year (current school year)
- Capacity:** Volunteer
- Duties:** To interact regularly on school premises for a minimum of one hour per week with a student to whom you are assigned. This interaction could be meeting for breakfast or lunch, school programs, or study hall. It may involve homework help, but it is not required.
- Supervision:** Mentor/student relationships are coordinated by the Program Coordinator on behalf of the Athens Area Chamber of Commerce and the Clarke County School District. She will connect you with an appointed person in the school to which you are assigned who will be your liaison with your student. A Steering Committee made up of Chamber, School District, and community representatives will be directing the overall activities of the program.
- Training:** Training for mentors is provided by the Athens Area Chamber of Commerce and the Clarke County School District. You will be required to attend **one** training session which will be held on Tuesday evenings at the Athens Area Chamber of Commerce at 246 West Hancock Avenue in downtown Athens. If none of these dates are convenient, call Trudy Bradley at 353-2288 or Terry Baez at 549-6895 and we will set up an appointment for a one-on-one training at the Chamber office. 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 minimum of one hour per week is required.
- Location:** Mentoring will occur at the student's school.
- Essential Mentor Characteristics:** A mentor must be a dependable, caring, individual. When mentors arrange a meeting time with their students, they must honor that commitment. Attending these mentoring sessions must be given the highest priority. If you ever find that you can no longer honor your commitment, please inform the School Contact Person and/or the Program Coordinator.

**CLARKE COUNTY MENTOR PROGRAM**

**MENTOR APPLICATION**

**(PLEASE PRINT)**

DATE \_\_\_\_\_

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

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

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

PHONE (h) \_\_\_\_\_ PHONE (w) \_\_\_\_\_ e-mail address \_\_\_\_\_

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

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

EXPECTED GRADUATION DATE (student's only): \_\_\_\_\_ GREEK AFFILIATION? \_\_\_\_\_

WHERE DID YOU HEAR ABOUT THIS PROGRAM? \_\_\_\_\_

EDUCATION (check highest level):

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

COMMUNITY INVOLVEMENT \_\_\_\_\_

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

INTERESTS (please circle):		
Travel	Crafts	Shopping
Reading	Art	Cooking
Walking / hiking	History	Gardening
Nature	Science	Collecting
Music	Computers	
Sports (specify) _____		
Other _____		

<b><u>Please check if the following pertains to you:</u></b>
<input type="checkbox"/> Member of Chamber of Commerce
<input type="checkbox"/> Staff / Faculty of UGA
<input type="checkbox"/> Employee of Athens Clarke County Government
<input type="checkbox"/> UGA Student

FOREIGN LANGUAGES? \_\_\_\_\_

PREFERENCES: Elementary (5-11) \_\_ Middle (11-14) \_\_ High (14-18) \_\_

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

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

SCHOOL PREFERENCE (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 COMPLETE SECOND PAGE



***This Permission Form and the History Consent Form must be printed, signed, and MAILED to us. We can NOT accept a facsimile.***

# Clarke County Mentor Program



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## Permission for CONSENT

I hereby authorize the Clarke County Mentor Program 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 in Georgia.

\_\_\_\_\_  
**Full Name PRINTED**

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

\_\_\_\_\_  
**Sex**

\_\_\_\_\_  
**Race**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Notary**

\_\_\_\_\_  
**Date**

ATHENS-CLARKE COUNTY POLICE DEPARTMENT



RELEASE OF CRIMINAL HISTORY CONSENT FORM

ACP-F-140

Form Number

9/14/05

Revision Date

PICK UP [ ] MAIL [ ]

TYPE OF EMPLOYMENT: CHILD CARE [ ] ELDERLY CARE [ ] MENTALLY ILL CARE [ ]
SELF [ ] OTHER [ ]

I, LAST NAME FIRST NAME MIDDLE INITIAL

SOCIAL SECURITY NUMBER HEIGHT WEIGHT EYE COLOR HAIR COLOR

DATE OF BIRTH RACE SEX PHONE NUMBER

STREET ADDRESS CITY STATE ZIP CODE

\*IF RECORD IS TO BE MAILED, PLEASE INCLUDE THE COMPLETE MAILING ADDRESS IN THIS SECTION.

AUTHORIZE:

ATHENS-CLARKE COUNTY POLICE DEPARTMENT
CLARKE COUNTY MENTOR PROGRAM

246 W. Hancock Ave.
ATHENS, GA 30601
PHONE: (706) 549-6800

TO RECEIVE MY CRIMINAL HISTORY RECORD FROM:

ATHENS-CLARKE COUNTY POLICE DEPARTMENT
3035 LEXINGTON ROAD, ATHENS, GA 30605
PHONE # 706-613-3330

SIGNATURE OF SUBJECT

NOTICE: INCOMPLETE FORMS WILL NOT BE PROCESSED.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS DAY OF 20

NOTARY PUBLIC