



APPLICATION PACKET

The Clarke County Mentor Program (CCMP) matches trained volunteers with students in the Clarke County School District (CCSD) who would benefit from having a mentor to help them become successful adults. CCMP is an independent nonprofit agency begun in 1991 as a joint initiative of the Athens Area Chamber of Commerce and the CCSD.

A mentor acts as a listener, role model, and friend. Mentors visit their assigned “mentee” at school, ideally once each week during the school year, for a meal, school program, study hall, game, or conversation. Visit scheduling is flexible, and **we require a one-year commitment.**

Interested volunteers complete an application, background check, and a two-hour training session. Trainings are held monthly from August-November and January-February. For further information, please visit our website or contact us by phone or email.

Each prospective mentor should complete and **RETURN TO THE MENTOR PROGRAM:**

- **CCMP Application Form**
- **CCSD Mentor Information Form**
- **CCSD Release of Criminal History Consent Form** (*Note: It is not necessary to obtain a notarized signature on this page, as that portion is handled by CCSD.*)
- **CCSD Falsification/Misrepresentation Form**

246 West Hancock Avenue
Athens, Georgia 30601
Phone: (706) 549-6800, x227 · Fax: (706) 549-5636
mentor@athensga.com
www.clarkecountymentorprogram.org

CCMP Application

(please print)

Program Use Only:
Trained:
Photo ID:
Background Check:
Community Mentor Check:

DATE _____

NAME: Dr / Mr / Mrs / Ms _____ AGE _____

LOCAL MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (primary) _____

PHONE (alternate) _____ EMAIL _____

PERMANENT ADDRESS (if different) _____

EMPLOYER _____ OCCUPATION _____

IF STUDENT: COLLEGE _____ EXPECTED GRADUATION DATE _____

EDUCATION (check highest level)

High School ___ Some College ___ Associate Degree ___ Bachelor's ___ Master's ___ Doctorate ___

COMMUNITY INVOLVEMENT (CIVIC, CAMPUS, CHURCH, ETC.)

EXPERIENCE WORKING WITH CHILDREN/YOUTH _____

INTERESTS/SKILLS (please circle):

Travel	Crafts	Drama
Reading	Art	Music
Outdoor Activities	History	Sports
Computers	Science	Fashion
Foreign Language? _____		
Other _____		

HOW DID YOU HEAR ABOUT CCMP?

Print media (newspaper/flyers) Social media
Online search Word of mouth/current mentor
Civic/church/business/campus group _____
Community exhibit/presentation at _____
Other _____

MENTEE PREFERENCES (OPTIONAL): Elementary (ages 5-11) _____ Middle (11-14) _____ High (14-18) _____

Age _____ Gender _____ (in elementary grades, female mentors can be matched with male or female mentees)

Personality of Student _____

School (if known; info about possible school choices will be provided at training) _____

DAYS / TIMES AVAILABLE (M-F between 7AM-3:30PM) _____

COMMENTS _____

I COMMIT TO MENTORING FOR AT LEAST ONE YEAR WITH VISITS TO TAKE PLACE AT SCHOOL APPROXIMATELY ONCE PER WEEK.

(Applicant's Signature)

Please write a paragraph about yourself. This will help the school counselor match you with a mentee.

SCHOOL-BASED PROGRAM ACKNOWLEDGMENT

I, _____, understand that the Clarke County Mentor Program is a school-based program and that I may only visit my mentee at school during school hours.

I further understand that there is the option of becoming a “community mentor” (doing activities in the community with my mentee), but that this change of status requires: (1) 3 months of successful in-school mentoring; (2) the recommendation of a school counselor; and (3) successful completion of a secondary level of screening (national, fingerprint-based background check, with part of the cost borne by the mentor).

Signature

Date



CLARKE COUNTY SCHOOL DISTRICT

240 Mitchell Bridge Road • Athens, GA 30606 • (706) 546-7721 • Fax (706) 357-5383

MENTOR FORM

PLEASE USE BLUE OR BLACK INK PEN ONLY NO PENCIL

THANK YOU for your interest volunteering your time in the Clarke County School District! We know you join us in our commitment to the safety of our students. In your role as volunteer, you are also a Mandated Reporter of child abuse. If you suspect any child abuse, it must be reported to the school principal or designee immediately, but in no case later than 24 hours.

Please note that this form must be received in the Office of Human Resources and processed prior to volunteering in any school or department. This form and all materials submitted becomes the property of the Clarke County School District. A background check is mandatory and fingerprints may be required. Thank you for your understanding of this policy. Again, thank you for your commitment to the students of Clarke County!

Name: _____ Social Security _____
Last First Middle

Home Address: _____
Street City State Zip

Phone Number: _____ Date Available for Volunteer Work: _____

Please name a person who will always know how to reach you in the event of an emergency:

Name Phone Relationship

Address City State Zip

School/ Department/Location Administrator Signature

Parent/Guardian Volunteer Volunteer Tutor University/Technical School Volunteer

Special Project X Other (please specify) MENTOR PROGRAM

Each of the following questions must be answered with a "yes" or "no". If any answer is "yes", please attach an explanation. Yes or No

Table with 2 columns: Question, Yes or No. Contains 4 questions regarding criminal history, discrimination, sexual harassment, and child abuse.

I certify that the information contained in this application is true and accurate to the best of my knowledge. I understand that misrepresentation or omission of information will be cause for rejection of my application to volunteer in the Clarke County School District.

Date Signature

The Clarke County School District does not discriminate on the basis of race, color, national origin, sex, age, marital status, religion, handicap, or disability in its educational programs, activities, or employment practices.

CLARKE COUNTY SCHOOL DISTRICT POLICE DEPARTMENT

ACP-F-140
Form Number

RELEASE OF CRIMINAL HISTORY CONSENT FORM

S I, _____
 U Last Name First Name Middle
 B Social Security Number Height Weight Eye Color Hair Color
 J Date of Birth Race Sex Telephone Number
 E Street Address City State Zip Code
 C Maiden or previous name(s) _____
 T

A AUTHORIZE: CLARKE COUNTY SCHOOL DISTRICT POLICE DEPARTMENT
 U Name of Agency
 T
 H CCSD Human Resources or CCSD Police Department Personnel
 O Name of Person to Pick Up Record
 R
 I Clarke County School District, 240 Mitchell Bridge Road
 Z Street Address of Agency
 E
 D Athens Georgia 30606 (706) 546-7721 ext. 18482
 City State Zip Code Telephone Number

A to receive my criminal history record from the Clarke County School District Police Dept. State of Georgia law enforcement
 G officials, or any other enforcement officials, local, state or federal, who the Clarke County School District (CCSD) Human
 E Resources Office may wish to contact. I understand that employment decisions may be based upon information the CCSD
 N obtains. I give my continuing permission for the CCSD Human Resources Office to access such information throughout the
 C course of my employment at any time the CCSD deems necessary. I understand that my continuing employment with the
 Y CCSD can and will be determined by what information the CCSD receives or acquires. I do hereby affirm that any such
 acquisition of information by the CCSD prior to or during my employment is not an invasion of my privacy, violates none of
 my rights under the laws, federal or state, and I do hereby understand the reason and necessity for the CCSD to have access
 to such information.

 Signature Date

NOTICE: UNLESS ALL BLANKS ARE COMPLETED ON THIS FORM, NO INFORMATION WILL BE RELEASED.

THIS FORM WILL BE NOTARIZED BY PERSONNEL AT CLARKE COUNTY SCHOOL DISTRICT.

N
 O
 T
 A
 R
 Y
 SWORN TO AND SUBSCRIBED BEFORE ME:
 THIS _____ DAY OF _____, 20_____

 NOTARY PUBLIC



Falsification or Misrepresentation on Job Application

The Clarke County School District wishes to inform all potential new employees that it is very important that all questions on the application be answered truthfully and to the best of their knowledge.

If you have been arrested or convicted of a felony or misdemeanor anytime in the past, your criminal background check will reveal this. If you have not responded truthfully to this question or any other question on the application, you may be immediately terminated or not employed with the Clarke County School District.

If there is a possibility that you have had an arrest or conviction in the past and failed to indicate such, you may do so now. Provide a written explanation including the charge, conviction, sentence received and the date.

Arrest(s) or conviction(s) _____ Yes _____ No

Explain below:

Please sign below and return to Human Resources.

Signature

Date