



**Broward County
Public Schools**



Youth Mentoring Programs Application

Personal Information (PLEASE PRINT)

Date: _____

Title: _____ Name: _____
(Mr. Mrs. etc.) (Last) (First) (Mid. Init.)

Home Address: _____
(No. and Street) (Apt. #) (City, State and Zip Code)

Mailing Address: _____
(If different from above) (No. and Street) (Apt. #) (City, State and Zip Code)

Telephone: Home: (_____) _____ Work: (_____) _____

E-mail Address: _____

If you are a government employee, check which type: Federal State County City School Board

Language/s: English Spanish Portuguese Creole Other _____

Interests, Hobbies, Skills, Talents, Collections, etc. _____

<i>Optional (Information in this section is used only to match mentor with student.)</i>	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race/Ethnic Group:	<input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/> Single <input type="checkbox"/> Separated

Mentor Placement Information

Grade Level Preferences: 2 - 5 (8-11 Yrs.) 6 - 8 (11-13 Yrs.) 9 -12 (13 - 17 Yrs.)

School Preference: _____
(1st. Choice) (2nd. Choice) (3rd. Choice)

Recruitment: (If you were recruited to mentor a student involved in a specific scholarship or support organization, please indicate. If not, please check "Youth Mentoring".)

Youth Mentoring NSU Pharmacy Take Stock in Children Women of Tomorrow
 America Reads/ America Counts Girl Scouts MHA Listener Program Big Brothers/Big Sisters
 Other _____

APPLICATION CONTINUES ➡

For Office Use Only		
Date Trained: _____	Trained by _____	Date Cleared: _____
Action Required: _____		
Assigned School: _____		Date Assigned _____

Employment Information (Please Print)

Employer: _____ Position: _____

Telephone (work) _____

Completion of the following information is required of all applicants

How long have you resided at your current address? _____ If less then 3 years, what was your previous address?

(No. and Street) (Apt. #) (City, State, Zip Code) (# years at this addr?)

Student and staff safety are a priority for Broward County Public Schools, therefore, the following questions must be answered truthfully. Your omission of any criminal history pertinent to the three numbered questions below will result in the immediate end to your involvement with students until further notice.

- 1. Yes No **Have you EVER BEEN convicted of child abuse, incest, lewd and lascivious action, pornography or other sexual offense?**
- 2. Yes No **Within the last five (5) years, have you been convicted of the sale or possession of drugs, drug paraphernalia or other drug related offense?**
- 3. Yes No **Within the last five (5) years, have you been convicted of assault, battery or other violent crime?**

By signing this document, I acknowledge and agree that:

- (1) All Broward County Youth Mentoring programs are school-based and all mentor contact must take place on the school campus, during the school day unless alternate arrangements have been specified and approved by appropriate school district personnel.
- (2) I will not contact or communicate with the student outside of the scheduled mentoring session.
- (3) Youth Mentoring Programs is not obligated to assign or actively seek to assign me a student,
- (4) Additional information may be elicited from me by the Youth Mentoring Programs Coordinators or The School Board of Broward County, Florida; and
- (5) Youth Mentoring Programs reserves the right at all times to terminate my participation as a mentor.

As a mentor/volunteer, I agree to abide by the policies of The School Board of Broward County, Florida, which include periodic security background checks. By my signature, I certify that I know, understand and agree that any false statement or omission of requested information will result in the immediate termination of my participation in this program.

✓ Social Security #: _____

✓ Date of Birth: _____

✓ Signature _____

✓ Date: _____

**Equity & Academic Attainment
Youth Mentoring Programs
Broward County Public Schools
1400 NW 14th Court, Ft. Lauderdale, FL 33311
Telephone 754-321-1600**

Applications and other registration forms must be completed and signed. These forms may be submitted at the required training/orientation. Please contact our office to schedule your preferred training/orientation. (754) 321-1600.

Youth Mentoring Programs is a part of the Equity & Academic Attainment Department. The School Board of Broward County, Florida prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gender identity, gender expression, national origin, marital status, race, religion or sexual orientation.