

Grand Isle County Mentoring Program

Box 31

South Hero, VT 05486

372-5239

gicmentoring@gmail.com

General Information:

Name_____

Address_____

Home Phone #_____ Email Address_____

Employer_____ Occupation_____

Work Address_____ Work Phone#_____

Personal Information:

A brief statement of why you would like to be a mentor in this program

Experiences you have had with mentoring/volunteering (especially with youth)

Qualities that would make you a good mentor

How would you describe yourself

___talkative ___quiet ___energetic ___funny ___laid back
___serious ___sincere ___creative other_____

Availability:

Mentors will be expected to meet with a student once a week for up to an hour during the school day.

What times are you available to meet with a student?

Monday_____

Tuesday_____

Wednesday_____

Thursday_____

Friday_____

Preferences:

Special interests or talents that may be helpful in matching you with a youth(e.g. careers, chess, stamp collecting, sports, crafts, computers, foreign language, music, painting.....)

What do you like to do in your free time?

_____watch movies

_____listen to music

_____play music

_____read

_____play sports

_____watch sports

_____watch television

Other interests:

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References:

Please list three personal references.

Name _____ Phone _____
Address _____
Relationship _____ Length of time known _____

Name _____ Phone _____
Address _____
Relationship _____ Length of time known _____

Name _____ Phone _____
Address _____
Relationship _____ Length of time known _____

Employment History:

List your last three places of employment and a contact person at each.

Company and Address _____
Dates of employment _____ Contact Person _____

Company and Address _____
Dates of employment _____ Contact Person _____

Company and Address _____
Dates of employment _____ Contact Person _____

**PLEASE RETURN THIS APPLICATION TO:
KAREN BROWNING, MENTORING COORDINATOR
GIC MENTORING, BOX 31, SOUTH HERO, VT 05486**

**PLEASE DIRECT QUESTIONS TO:
KAREN BROWNING 372-5239 gicmentoring@gmail.com**

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Mentor Applicant Release Statement

I, the undersigned, hereby state that if accepted as a mentor, I agree to abide by the rules and regulations of the Mentor Program. I understand that the program involves spending up on one hour each week at the assigned school with my mentee for the school year. Further, I understand that I will attend an orientation session, be involved in training during the year, and communicate with the coordinator regularly during this period. I will commit to one school year in the program and will then be asked to renew for another year.

I have not been convicted within the past ten years of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or a violation involving a state or federally controlled substance. I am not under current indictment. Further, I hereby fully discharge school personnel, participating companies or organizations from any and all liability, claims, causes of action, costs and expenses which may be attributable to my participation in the Mentor Program.

I understand that the Grand Isle County Mentoring Program relationships established take place only within the confines of the school day in Grand Isle, Vermont. This program does not encourage or approve of relationships established between mentor/mentee and family members, beyond the school day. Program staff reserves the right to terminate a mentor from the program.

I give permission for Mentor Program staff to run a background check as part of the screening for entrance into this program. This may include verification of personal and employment references, as well as a criminal check with the local authorities.

I understand that receipt of my application does not guarantee acceptance into the program. The decision to accept is based on several factors including applications, references and assessment of suitability during the information sessions.

I have read the above release statements and agree to the contents. To the best of my knowledge and belief, all statements in this profile application are true and accurate.

Signature

Date