



Mentor Profile



NEW POLICY - To complete your application, we must receive a copy of the applicants driver's license or another form of identification containing the person's photograph issued by an entity of the United States government.

Policy code: GKG(LEGAL)

Contact Information

Name: _____ Employer: _____

Home address: _____ City/Zip: _____

Home phone: _____ Work phone: _____

Cell Phone: _____ Email: _____

Personal Information

Why do you want to be a mentor? _____

List some of your experiences in working with youth. (indicate age of youth)

What are your strengths? _____

What are some of your special interests/talents? (chess, stamp collecting, models planes, roller skating, baseball, cooking, etc.) _____

What community projects have you participated in? _____

Preferences

School preferred: _____

What grade level preferred? K 1 2 3 4 5 6 7 8 9 10 11 12

Do you want to be assigned to? A girl _____ A boy _____ No preference _____

Ethnic group _____ No preference _____

A "tougher" situation _____ An "easier" situation _____ No preference _____

Do you speak other languages? Spanish _____ Other _____

Day and Time Available: 1st choice _____ 2nd choice _____

References

(other than family members)

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Bastrop Independent School District DPS Computerized Criminal History (CCH) Verification

I, _____, have been notified that a Computerized Criminal History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information that I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy to be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history records may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:		
Check and Initial each Applicable Space		
CCH Report Printed:		
YES	NO	_____initial
Purpose of CCH: _____		
Hire	Not Hired	_____initial
Date Printed	_____	_____initial
Destroyed Date:	_____	_____initial
Retain in your files		
Rev 02/2011		



Memorandum of Agreement for Helping Hands Mentor Program

Please read carefully before signing below.

I understand that the Helping Hands program involves spending a minimum of thirty minutes each week at the assigned school with my mentee for a minimum of one semester. I understand that I will be involved in training during the semester and communicate with the teacher regularly during this period.

I hereby authorize the Bastrop Independent School District to conduct a criminal history record check. I also hereby authorize any and all law enforcement agencies to release any and all criminal history that I may have to the Helping Hands program at the Bastrop Independent School District. I understand that the only purpose of obtaining such information is for the evaluation of my credentials as a mentor.

Helping Hands appreciates your interest in being a mentor and role model to young students. By signing below, you provide authority to Helping Hands to verify all information found in this profile. Your signature attests to the truthfulness of all information listed in this profile.

Printed Legal Name of Applicant

Applicants Date Of Birth

Signature of Applicant

Applicants Social Security Number

Date

Return to:

Graciela Rothhauser
906 Farm Street
Bastrop, TX 78602
Fax: 512-308-1607

FOR OFFICE USE ONLY

Date submitted: _____	Date approved: _____
School Contact: _____	Grade: _____
Assigned Student / Name: _____	
School: _____	Teacher: _____