



# Returning 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**

What school did you mentor in last year? \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

What was your best experience last year as a mentor? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What was the most challenging moment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Preferences**

School Preferred: \_\_\_\_\_

What grade level do you prefer? 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 \_\_\_\_\_

## **Student You Would Like to Mentor**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

I, \_\_\_\_\_, have been notified that a Computerized Criminal  
APPLICANT or EMPLOYEE NAME (Please print)  
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

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



## 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: _____