



# COVINGTON PARTNERS MENTORING APPLICATION



## CHECK THE MENTORING PROGRAM(S) YOU ARE INTERESTED IN:

### ELEMENTARY (1ST GRADE - 5TH GRADE)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Lunch Buddy</b><br>meet with a 3rd-5th grade student during lunch<br>30 minutes/weekly | <input type="checkbox"/> <b>After School Buddy</b><br>meet with a 3rd-5th grade student after school<br>30-60 minutes/weekly | <input type="checkbox"/> <b>One to One Coach</b><br>meet with a 1st-3rd grade student to work on reading or math skills<br>35 minutes/weekly |
|--|--|--|

### MIDDLE SCHOOL (6TH GRADE - 8TH GRADE)

- |   |  |
|---|--|
| <input type="checkbox"/> <b>School-Based Mentoring</b><br>meet with a student at Holmes Middle School<br>45-60 minutes/weekly | <input type="checkbox"/> <b>Community-Based Mentoring</b><br>meet with a student outside of school in the evenings/<br>weekend/summer 1-2 hours/weekly |
|---|--|

### HIGH SCHOOL (9TH GRADE - 12TH GRADE)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>School-Based Mentoring</b><br>meet with a student at Holmes High School<br>45-60 minutes/weekly | <input type="checkbox"/> <b>Community-Based Mentoring</b><br>meet with a student outside of school in the evenings/weekend/summer<br>2-4 hours/monthly | <input type="checkbox"/> <b>Work-Based Mentoring</b><br>meet with a student at your worksite<br>1.5-2.5 hours/monthly<br><i>*3 mentor minimum per worksite</i> |
|---|--|--|

**Undecided** - I would like more information before deciding on which option will work best for me.

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

May we contact your employer? Yes No

## EDUCATION AND TRAINING

Highest Level of Education: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_

Other Education and/or Special Training: \_\_\_\_\_

## INTERVIEW AVAILABILITY

I am available on \_\_\_\_\_ from \_\_\_\_\_  
Day Time

I am available on \_\_\_\_\_ from \_\_\_\_\_  
Day Time

**REFERENCES**

Please identify **THREE** people who can vouch for your reputation and character.

One **professional** reference (examples: minister, professor, past/current employer)

Two **personal** references (examples: friend, co-worker, family member)

1) Professional reference: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2) Personal reference: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3) Personal reference: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**QUESTION(S)**

Why are you interested in becoming a mentor?

How did you hear about mentoring?

**BY SIGNING BELOW, I ACKNOWLEDGE AND AGREE THAT:**

- ◆The references I listed above may be contacted by telephone or email.
- ◆I am in no way obligated to perform any volunteer services, and Covington Independent Public Schools (CIPS) and Covington Partners are not obligated to match me with a youth.
- ◆The information I provided will be used to conduct yearly background checks, to include driving records check, criminal background check, and other records where required by local, state, or federal laws for volunteers working with youth.
- ◆I will abide by all school rules and Board of Education and Covington Partners policies that apply to me.
- ◆As part of the enrollment process, I will be asked to provide additional personal information and attend an interview and orientation/training session prior to being matched with a student.
- ◆If matched, I will honor the commitment to volunteer as scheduled. If I will miss a mentoring/volunteer session, I will notify the appropriate person in advance.
- ◆Covington Partners and Covington Independent Public Schools have unlimited permission to use, publish, and republish my photograph or video image for purposes of promoting the mission of the organization(s) with or without identification of me by name.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN YOUR COMPLETED APPLICATION TO:**



**Natalie Westkamp**

**Mail:** Covington Partners  
P.O. Box 0426  
Covington, KY 41012

**Email:** natalie.westkamp@covington.kyschools.us

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