



COVINGTON PARTNERS MENTORING APPLICATION



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

ELEMENTARY (1ST GRADE - 5TH GRADE)

<input type="checkbox"/> Lunch Buddy meet with a 3rd-5th grade student during lunch 30 minutes/weekly	<input type="checkbox"/> After School Buddy meet with a 3rd-5th grade student after school 30-60 minutes/weekly	<input type="checkbox"/> Remote-Based meet with a 3rd-5th grade student virtually [video chat or by exchanging letters] 30 minutes/weekly	<input type="checkbox"/> One-to-One Coach meet with a 1st-3rd grade student to work on reading or math skills 35 minutes/weekly
--	--	--	--

MIDDLE SCHOOL (6TH GRADE - 8TH GRADE)

<input type="checkbox"/> School-Based meet with a student at Holmes Middle School 45-60 minutes/weekly	<input type="checkbox"/> Community-Based meet with a student outside of school in the evenings/weekend/summer 1-2 hours/weekly	<input type="checkbox"/> Remote-Based meet with a student virtually [video chat, email, text, phone calls, letters] 30 minutes/weekly
---	---	--

HIGH SCHOOL (9TH GRADE - 12TH GRADE)

<input type="checkbox"/> School-Based meet with a student at Holmes High School 45-60 minutes/weekly	<input type="checkbox"/> Community-Based meet with a student outside of school in the evenings/weekend/summer 2-4 hours/monthly	<input type="checkbox"/> Remote-Based meet with a student virtually [video chat, email, text, phone calls, letters] 30 minutes/weekly	<input type="checkbox"/> Work-Based meet with a student at your worksite 1.5-2.5 hours/monthly
---	--	--	---

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

For Office Use Only: