

References

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

- 1.) A **professional** reference (examples: minister, professor, past or current employer)
- 2.) A **personal** reference (examples: friend, co-worker, family member)
- 3.) A **personal** reference (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: _____

By signing below, I acknowledge and agree that:

- I will participate in the Covington Partners **Remote Mentoring Program throughout the duration of the 2020-2021 School Year**. Per Covington Independent School District guidance, mentors will not be permitted to have face-to-face contact with students, and will not be allowed to enter school buildings for school-based visits until further notice.
- I can commit to communicating with my mentee via the approved methods (phone, texts, video conference calls, emails, letters, and cards) corresponding to my mentee's grade-level.
- The references I listed above may be contacted by telephone or email.
- I understand that 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 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 application to:

Natalie Westkamp
Covington Partners
P.O. Box 0426
Covington, KY 41012

Email: natalie.westkamp@covington.kyschools.us Phone: (859) 392-3177

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