

COVINGTON PARTNERS MENTORING APPLICATION



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

ELEMENTARY [1ST - 5TH GRADE]

Lunch Buddy
meet with a 3rd-5th grade student during lunch
30 minutes/weekly

After School Buddy
meet with a 3rd-5th grade student after school
30-60 minutes/weekly

One to One Coach
meet with a 1st-3rd grade student to work on reading or math skills
35 minutes/weekly
**requires additional training with NKY Education Council*

MIDDLE SCHOOL [6TH - 8TH GRADE]

School-Based Mentoring
meet with a student at Holmes Middle School
45-60 minutes/weekly

HIGH SCHOOL [9TH - 12TH GRADE]

School-Based Mentoring
meet with a student at Holmes High School

Work-Based Mentoring
meet with a student at your worksite
1.5-2.5 hours/monthly
**3 mentor minimum per worksite*

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 of the Week Time

I am available on _____ from _____
Day of the Week 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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