



**HAZELWOOD SCHOOL DISTRICT**  
**SCHOOL-BASED MENTOR**  
**Volunteer Application**



Full Name \_\_\_\_\_ Date \_\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_ Birth date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Permanent Address Street, Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Can you be contacted at work?  Yes  No Business hours \_\_\_\_\_

Length of Employment (with current employer) \_\_\_\_\_

Education Completed: High School \_\_\_\_\_ College \_\_\_\_\_ Other (explain) \_\_\_\_\_

What motivated you to participate in the Hazelwood School District School – Based Mentoring Program?

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

Can you meet with a child once a week during the school year?  Yes  No

Do you have a preference as to:

*If yes, state preference:*

the grade level of your mentee?  Yes  No \_\_\_\_\_

the race of a mentee?  Yes  No \_\_\_\_\_

the gender of your mentee?  Yes  No \_\_\_\_\_

Would you be willing to work with a differently challenged child?  Yes  No

What do you like to do during your leisure time? \_\_\_\_\_

\_\_\_\_\_

To what service or social groups do you belong? \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, please explain: \_\_\_\_\_

Do you object to the HSD running a criminal background check on you?  Yes  No

Please list three references who have know you for more than one year. Print complete names, addresses, telephone numbers, and relationship for three people you authorize us to contact who Would evaluate your qualifications as a volunteer. **Do not include more than one family member.**

1) Name \_\_\_\_\_

Mailing Address/Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to you \_\_\_\_\_

2) Name \_\_\_\_\_

Mailing Address/Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to you \_\_\_\_\_

3) Name \_\_\_\_\_

Mailing Address/Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to you \_\_\_\_\_

### **Mentor Agreement**

As a volunteer for the Hazelwood School District School-Based Mentoring Program, I agree to the following:

- To attend a training session before beginning
- To be on time for scheduled meetings
- To notify the Family Outreach Center if I am unable to keep my weekly meeting
- To accept assistance from my mentee's teacher
- To keep discussions with my mentee confidential
- To ask for assistance when I need help with my mentee
- To engage in the relationship with an open mind

Signature \_\_\_\_\_

Please Return Completed Application To: **HSD Family Outreach Center**  
**13780 Old Halls Ferry Rd**  
**Florissant, MO 63033**  
**314-953-5160**