

BEC School Based Mentor Program MISSION

To provide an one-on-one relationship between an adult role model and a student to encourage and instill self-esteem, self-confidence, and a sense of self-worth that promotes academic and social skills needed in today's society.

Why Do We Need Mentoring?

The mentoring program is a strategy for motivating youth to remain in school, graduate, and become productive contributing adults. A number of studies indicate that the presence of a caring adult can have a significant impact upon youth of all circumstances.

Sociologist William Julius Wilson (The Truly Disadvantaged) points out the vital impact that an adult role model can have upon "at-risk" youth.

"The very presence of... provides mainstream role models that can help keep alive the perception that education is meaningful, that steady employment is a viable alternative to welfare, and that family stability is the norm, not the exception."

In a Louis Harris Poll on Mentoring:

- . 73% of students said their mentors helped them raise their goals and expectations.
- . 87% of students went directly to college or planned to attend college within one year of graduating from high school.
- . 59% of mentored students improved their grades.
- . 87% of mentored students said they benefited in some way from their mentoring relationship.

Louis Harris Poll of 400 high school juniors and seniors who participated in a nationwide mentoring program, 1989. Approximately 90 percent of students were minorities.

Defiance County Business and Education Cooperative
School Based Mentoring Program
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Mentoring Opens a World of Possibilities

MENTOR INFORMATION FORM

Name: _____ Address: _____

Home phone: _____ Work phone: _____

Education: Where did you go to school?

Elementary: _____

High School: _____

College: _____

Are you willing to commit one hour a week for the school year? ___ Yes ___ No

Specify if you prefer to volunteer to a specific school district:

___ Ayersville
___ Defiance City
___ Northeastern

___ Central Local
___ Defiance Parochial
___ Hicksville

Would you like to mentor a: Male ___ Female ___ Either ___

What are your interests? Check all that apply.

___ Art
___ Camping
___ Dance
___ Drama
___ Music
___ Poetry

___ Reading
___ Sports (which ones?)

___ Other (specify)

Do you speak another language? Spanish ___ Other _____

Mentor training will be held over a two day period with each class being two hours.

Best time of the day for you to attend the training sessions:

8:00 - 10:00 a. m. _____

1:00 - 3:00 p. m. _____

6:00-8:00 p.m. _____

MENTOR APPLICATION

Name: _____

Social Security #: _____

Home address: _____ Home phone: _____

Employer: _____

Business address: _____

Business phone: _____

Occupation: _____ Years employed: _____

Previous employment (within last 5 years)

Have you ever been a mentor (or Big Brother/Big Sister) with another group?

Yes ___ No ___

If yes, agency name: _____

Have you been involved in other programs/activities involving young people? (explain briefly)

What do you feel are strengths you will bring to this program? (i. e., math skills, previous relevant volunteer experience, or specific career expertise).

STATEMENT OF UNDERSTANDING: Initial the statement below.

I understand that the Mentor Program involves spending a minimum of one hour every week for a nine-month academic year at a school with an assigned student.

Further, I will be required to complete the Mentor Program's orientation training and at least one follow-up meeting during the year. _____ (initial here)

Within the past ten years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency, or a violation involving a state/federal controlled substance? Yes ___ No ___

Are you under current indictment or has a district/county attorney accepted an official complaint for any of the above listed offense? Yes ___ No ___

REFERENCES: List three (3) references who have known you for at least one (1) year whom we may contact. One of these references must be your employer (if larger company, your supervisor). Reference will be contacted by mail or phone and remain strictly confidential. Other examples of references might be: friends, teachers, fellow employees, or clergy. Relatives are not acceptable.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

AFFIRMATION: The above information is true to the best of my knowledge. I grant permission to verify my employment and contact the references provided.

Signature: _____ Date: _____

Release Statement:

"I, the undersigned, hereby state that I am voluntarily submitting this application for participation in the Mentor Program. If accepted as a mentor, I agree to abide by the rules and regulations of the Mentor Program, as well as those rules which may be promulgated by other entities such as school districts, etc., applicable to the Mentor Program. Further, I hereby fully discharge affiliates, employees, officers, directors, and agents thereof from any and all liability, claims, causes of action, costs and expenses which may be attributable to my participation in the Mentor Program. The aforementioned release does not apply to any insurance, employee benefits, or other coverage which may be available to me either through my relationship as an employee of or as an insured under policies of insurance issued by the mentor program or its subsidiaries or affiliates."

I have read the above Release Statement and agree to its contents.

Applicant's signature _____, date _____

FOR OFFICE USE ONLY

Information verified/references checked _____ (date)

By: _____