



2018-2019 MENTOR Application



Partners in Education . . . Where all roads lead to success.

Complete the following form and return to: Bastrop ISD, Partners in Education, 906 Farm Street, Bastrop, TX 78602 or fax to (512) 308-1607. Questions? Call 512-772-7180.

To complete your application, a copy of a valid government issued photo identification card must be attached with this application.

Contact Information

Name _____
Address _____
City _____ State _____ Zip _____
E-mail _____
Home/Cell phone _____ Work phone _____
Date of Birth _____ BISD employee? YES NO
Employer _____ Occupation _____

Personal Information

Why do you want to be a mentor? _____
List some of your experiences in working with youth. (indicate age of youth)

Bilingual? _____ If yes, what language? _____

Confidentiality Statement and Statement of Understanding

CONFIDENTIALITY STATEMENT: As part of the Mentor Program, I understand that I will have access to and receive information about program students. I recognize and understand that this student information is confidential under state and federal laws and regulations. These laws and regulations allow me to use or discuss student information only for the purpose of carrying out my responsibilities of this program. I understand that any other use of student information is prohibited and that violation of this prohibition could result in criminal penalties. I have read and I understand this confidentiality statement. I will keep student information confidential and I will only use or discuss student information for the purpose of carrying out my responsibilities in the program.

STATEMENT OF UNDERSTANDING: I agree to abide by the confidentiality policies. I have read, understand and agree to follow the policies and procedures put in place by BISD. I give BISD permission to take my picture during my time as a volunteer and release any picture of myself to BISD for publication. I understand that if I am unable to complete the school year as a mentor that I will inform the District Coordinator and the campus. I understand that my involvement as a mentor can be terminated if I do not follow all policies and procedures.

Preferences

School preferred: _____ Grade level preferred? _____
Girl ___ Boy ___ No preference _____ Are you a Returning Mentor? YES NO
If yes, name of student you would like to mentor? _____
Day and Time Available: (ex. Wednesday afternoons or Tuesdays at 2 p.m.)
1st choice _____ 2nd choice _____

Bastrop ISD DPS Computerized Criminal History (CCH) Verification

I, _____, have been notified that a Computerized Criminal History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information that I supply. Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy to be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services. Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal records may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits.)

Signature of Applicant

Date
Bastrop Independent School District
Agency Name (please print)

Agency Representative Name (please print)

Signature of Agency Representative

Date

Check and Initial Each Applicable Space

CCH Report Printed:
YES NO Initial _____

Purpose of CCH: Volunteer/Mentor

Approved Not Approved Initial _____

Date Printed _____ Initial _____