

TEAMMATES™ MENTORING PROGRAM

LINCOLN PUBLIC SCHOOLS

5901 O STREET • LINCOLN, NE 68510

(402) 436-1990

www.lincolnteammates.org

TEAMMATES MENTOR APPLICATION

TeamMates Mentoring Program

Lincoln Public Schools

PLEASE PRINT

Date: _____

First Name: _____ MI: _____ Last Name: _____

Gender: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Date of Birth: _____ Age: _____

Area of Lincoln/School Preference: _____

Grade Level Preference: _____

Your Race/Ethnicity: (choose **ALL** that apply):

American Indian/Alaska Native

Asian

Black/African American

Hispanic/Latino

Native Hawaiian/Pacific Islander

White

Other (Specify): _____

Current Marital Status (choose **ONE** only):

Married, spouse present

Married, spouse absent

Widowed

Divorced

Never Married

Do you have experience as a parent or a parental figure? Yes No

Have you had experience as a mentor to youth? Yes No

What is the primary reason you wish to become a TeamMates mentor? (choose **ONE** only):

Want to give back to the Community

Had a positive experience with a mentor as a child

Organization sponsored community service project

Wanted to experience for career or educational development

Other (please specify): _____

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What is your highest level of education completed? (choose ONE only):

- High school diploma/GED
- College courses
- Associate's degree
- BA/BS degree
- Master's degree
- Ph.D.
- Other (specify): _____

What is your employment status? (choose ONE only):

- Unemployed
- Employed
- Retired
- Student

If you are a student, list an additional permanent address: _____

Name of college or university: _____

Please select one of the following that best categorizes your current or past employment. (choose ONE only):

- Managerial/Professional (teacher, doctor, social worker, etc.)
- Technical/Sales/Administrative
- Law Enforcement/Justice
- Service
- Religious
- Military
- Other (specify): _____

Name of employer: _____ Occupation: _____

Identify all service organizations, faith-based entities, or community groups you are affiliated with.

- Faith-based: _____
- Business/Workplace: _____
- Service Clubs/Retirement Facilities: _____
- Colleges/Universities: _____
- Other: _____

Write a brief statement as to why you wish to become a TeamMates Mentor:

"You may only be one person to the world. But you may also be the world to one person."

-Unknown

Describe any special interests, or volunteer experiences that may help in matching you and your student:

Do you speak a foreign language(s) Yes No If yes, what language(s) _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Phone: _____

Special Medical Condition(s): _____

Hospital Preference: _____

HOW DID YOU HEAR ABOUT TEAMMATES? (Check all that apply.)

- Radio
- Television
- Newspaper
- Other Mentors
- Faith-Based Organization
- Colleges/Universities
- Service Clubs/Retirement Facilities
- City Bus Signs
- Movie Theaters
- Billboards
- Business

TEAMMATES MENTOR AGREEMENT

TeamMates Mentoring Program
Lincoln Public Schools

I, _____ (your name) acknowledge that if accepted as a TeamMates Mentor, I agree to abide by the rules and regulations of the TeamMates Mentoring Program. I understand that the program involves spending time weekly at the assigned school with my youth TeamMate during the school year. I will be committed to **a minimum of one school year** in the program with the goal of developing a multi-year commitment to the youth TeamMate until he/she graduates. I have not been convicted within the past 10 years of any felony or misdemeanor classified as an offense against a person or family, of public indecency or a violation involving a state or federally controlled substance. I am not under current indictment. I give permission for TeamMates to conduct periodic criminal background check and child/adult abuse inquiry, and to contact my identified references. Further, I hereby fully discharge school personnel and participating companies or organizations from any and all liability, claims, causes of action, costs and expenses which may be attributable to my participation in the TeamMates Mentoring Program.

I also agree to the following:

- To actively participate in a training session before meeting with my youth TeamMate.
- To engage in the one-to-one mentoring with an open mind.
- To be on time for scheduled meetings.
- To sign in at the school prior to each visit.
- To notify the school office if I am unable to keep my regularly scheduled meeting with my youth TeamMate.
- To fill out the proper paperwork when I want to meet with my TeamMate outside of school.
- To keep discussions with the student confidential, except to inform the teacher or school TeamMates facilitator about situations that negatively affect the student's health or welfare.
- To accept assistance from the student's teachers and TeamMates Mentoring Program staff.
- To ask the TeamMates facilitator when I need assistance or do not understand something.
- To notify the school facilitator of any problems or difficulties with the relationship.
- To follow any procedures or guidelines outlined by the TeamMates program.
- To report any criminal charges brought against me while I'm a TeamMates mentor.
- **To notify the school facilitator and TeamMates office of any changes in my employment, address, or phone number.**

I understand that the TeamMates Mentoring Program reserves the right to deny application to any person and to terminate a mentor from the program. This program **does not accept responsibility** for relationships when meeting outside of school.

I have read the above statements and agree to the contents. To the best of my knowledge and belief, all statements in this profile application are true and accurate.

Signature _____ Date _____

Check here if you do not wish to have photographs you might be in, published for the promotion of the TeamMates Mentoring Program.

Mentor background checks cost \$20 each. If you would be willing to make an optional donation to cover this cost, please attach a check made out to TeamMates of Lincoln.

Please List 5 NON-FAMILY References with DAYTIME Phone Numbers.

Reference 1	_____	_____	_____	_____	_____
	Name	Home Phone	Work Phone	E-Mail	Relationship
Reference 2	_____	_____	_____	_____	_____
	Name	Home Phone	Work Phone	E-Mail	Relationship
Reference 3	_____	_____	_____	_____	_____
	Name	Home Phone	Work Phone	E-Mail	Relationship
Reference 4	_____	_____	_____	_____	_____
	Name	Home Phone	Work Phone	E-Mail	Relationship
Reference 5	_____	_____	_____	_____	_____
	Name	Home Phone	Work Phone	E-Mail	Relationship

STEPS TO BECOMING A TEAMMATES MENTOR

Complete an Application

Adult TeamMates are asked to fill out an application to indicate their name/address/interests/hobbies/etc. This information is given to school staff to match the adult and student TeamMate.

Provide Character References

Each adult TeamMate provides five character references (none of whom is a family member, spouse, or significant other). References must reply before the adult TeamMate is allowed to spend time with a student one-on-one in the school.

Complete a Background Check, Child Abuse Inquiry, and Reference Check

TeamMates staff performs confidential criminal history background checks and child abuse inquiries for all mentors. Adult TeamMates are asked to provide the necessary information and fill out the forms for this process to be completed prior to meeting with their student.

Attend a Required 90-Minute Training Session

A session to prepare mentors for scenarios they may encounter while volunteering in the schools is required for every adult TeamMate.

Student Match and School Orientation

The adult TeamMate will receive a brief orientation of the school building on the day the student TeamMates meet for the first time. This includes instructions on where to sign in at the school, where to hang your coat, and any other protocol. Together, the TeamMates will determine a good time for meetings to occur in the future. At the first meeting the mentor and mentee will sign the Mentoring Agreement.

Weekly Meetings

Adult TeamMates are responsible for scheduling their weekly meetings and being consistent with their commitment to see their TeamMate **EVERY** week during the school year.

The above steps were developed specifically for the TeamMates Mentoring Program

Program Management Manual for TeamMates Mentoring Program

Written and published by The Mentoring Institute (a division of Big Brothers Big Sisters of Greater St. Louis)

MISSION STATEMENT

The mission of TeamMates is to positively impact the world by inspiring youth to reach their full potential through mentoring.



AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: One Source, The Background Check Company -- Fax 1-800-929-8117
Please do not use abbreviations

Address and Phone Number: P.O. Box 24148, Omaha, NE 68124 -- Attn: Laura Belyea

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) _____

Signature (applicant)

Date

Current Address: _____
(Street/City/State/Zip)

Applicant Date of Birth

Applicant Social Security Number

Other names previously used such as former married names, maiden name and nick names. Please Print.

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years. Please Print.

