

SOAR Mentoring Program

Thorntown Elementary



Thanks for your interest in our mentoring program! Please complete this form and mail it to: *SOAR* Mentoring Program, Thorntown Elementary School, 200 W Mill Street, Thorntown, IN 46071.

If you are selected as one of our mentors, you will be working directly with children on a regular basis; therefore, you must complete this form and undergo a comprehensive screening. The purpose of the screening is to protect youth by identifying and screening out applicants who pose a safety risk, are unlikely to honor their time commitment or are unlikely to form positive relationships with youth. The screening procedures include gathering and verifying information on this application, checking references, processing criminal background checks and completing an in-person interview.

We will contact you regarding this application. Thank you so much for your interest in becoming a SOAR mentor! Please do not hesitate to contact us by phone at (765) 485-2447 or by email at Jane.Mohler@webo.k12.in.us if you have any questions.

Sincerely,

Jane Mohler, Program Coordinator

María de los A. Villalba, Program Coordinator

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Mentor Application Form

Contact Information

Name: _____ Today's Date: _____
Last First Middle

Home Address: _____
Street Address City State Postal Code

Home Phone Number: _____ Email Address: _____

Cell Phone Number: _____

Employer: _____ Title/Position Held: _____

Work Address: _____
Street Address City State Postal Code

Work Phone Number: _____ Years at Current Employer: _____

Highest educational degree earned: _____

If there is anything else you would like us to know about you, such as talents or areas with which you would like to volunteer, please include it here:

Availability

Please indicate the days of the week and hours you could mentor:

Days	Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

How would you describe yourself? (Please check all that apply)

- Outgoing Energetic Reserved Friendly
 Cheerful Teaching Experience Easy going Artistic

In what subject(s), would you be able to help your student the most?

- Reading Math Writing
 Social Skills Science Other: _____

What type of student would you prefer to mentor? (Please check all that apply)

- Energetic Independent Cheerful Creative
 Perfectionist Smart Loving Responsible
 Self-motivated Easy going Respectful Curious
 Spontaneous Quiet Other: _____

Mentee preference: Boy Girl No Preference

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Mentor Authorization

Please read carefully before signing:

Our program appreciates your interest in becoming a mentor to a child. As part of the enrollment process, volunteers will receive orientation and training materials. The orientation and material will explain the program requirements and rules, and will include communication skills, methods of relationship-building, recommendations on the best way to interact with a student, information on helping with schoolwork, and suggested activities.

By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct federal and state criminal records check.

"I, _____, agree to report to SOAR Mentoring Program criminal
Name
convictions. I authorize SOAR Mentoring Program to process a background check. I will inform SOAR Mentoring Program of any convictions or charges that relate to minors or vulnerable adults."

"If selected, I will attend to the orientation and training meeting. I will follow the school protocols, mentor guidelines, code of conduct and ground rules. I will be a dedicated mentor. I agree to keep confidential all information about my mentee as well as any information learned about his/her family. I agree to the time commitment of one (1) hour/week for eight (8) months."

Signature

Date