

Community Mentor Program

Mentor Commitment:

- A minimum of 1 school year commitment
- 1 hour per week, meeting with a student, one-to-one
- During school hours on the high school or middle school campus
- 2-hour new mentor orientation/training
- · Additional mentor equipping's for all mentors offered throughout the school year
- Ongoing support from mentor coordinator as needed

Here are your next steps if you want to become a mentor:

Go to this website: https://www.betheonetoday.org/become-a-mentor, click on "Become a Mentor," and fill out the survey.

Please complete this application and return to:

Lisa Reynolds, Lynden High School, 1201 Bradley Rd., Lynden, WA 98264 OR email to ReynoldsL@lynden.wednet.edu

What happens next?

- · A background check will be completed
- You will be invited to attend a 2-hour new mentor orientation/training
- A mentor coordinator will interview you to learn about your background, interests, skills, and available meeting times.
- · Your references will be called
- Then, you are ready and available to be matched with a student who is a good fit for you
- Coordinators will set up an initial meeting with a potential mentee. If you and the student are both satisfied with the match, the fun begins!

Contacts:

Lisa Reynolds

Mentor Coordinator, LHS
ReynoldsL@lynden.wednet.edu
360.354.4401 x5295

Nancy McHarness

Partners for Schools—Director betheone@partnersforschools.org 360.305.9568

Brian Clemmer

Mentor Coordinator, LMS ClemmerB@lynden.wednet.edu 360.354.2952 x#3124



BE THE ONE MENTOR APPLICATION

Lynden School District



Date Submitted:	
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PERSONAL INFOMATION					
NAME:					_ GENDER: □ Male
(Last)		(First)		(MI)	□ Femal
HOME ADDRESS:		W 2011			2232
(Street)		(City)		(State)	
DATE OF BIRTH:	PHONE:			CELL:	
E-MAIL ADDRESS:					
NAME OF EMPLOYER:		POSIT	TION:		
NAME OF SUPERVISOR:		EMPL	OYER PHONE: _		
Would you like us to keep your emp	alover informed a	hout your	volunteer servi	ce? V	ES NO
Trould you like us to keep your emp	,				
MENTOR QUESTIONNAIRE:					
Why do you want to be a mentor?					
List your previous experience worki	ing with youth (ag	ges 11-18)	:		
Please tell us about any additional especifically with youth (ages 11-18)	, i.e	, interests	s, or languages s	poken tha	at could help you work
Indicate your age group preference	for mentoring:				
☐ Middle School (age 11-14) ☐	High School (age	14-18)	☐ No Prefere	nce ("I'II	go to either location")
What community groups or civil org	ganizations do yo	u belong t	o?		

REFERENCES:

Please list three people (non-family members) who have known you for more than a year and can attest to your character, dependability, and your ability to relate with youth.

Reference #1	☐ Personal ☐ Professional	
Name:		Phone:
E-mail:		
Reference #2	☐ Personal ☐ Professional	
Name:		Phone:
E-mail:		
Reference #3	☐ Personal ☐ Professional	
Name:		Phone:
E-mail:	.,,	1

PLEASE READ CAREFULLY BEFORE SIGNING:

By signing below, I understand the following:

- I must complete this application packet and have it on file with the Lynden School District.
- I must attend a new mentor orientation (2-hour session).
- I must be interviewed and thoroughly screened (this includes reference checks)
- School coordinators and administrators consider all applicants with discretion my application does not guarantee I will be selected as a mentor and matched with a student.
- I attest to the truthfulness of all information given on this application.
- · Once matched, I must commit to spending one hour per week with my student during the school year.
- Once matched, I must commit to mentoring for at least one year.
- If selected, I will follow the policies and procedures of the program and be a dedicated and trustworthy mentor.

I authorize Lynden School District to conduct a background check through the Washington State Patrol for volunteer purposes. I further authorize any current or former employer, person, firm, or agency to provide Lynden School District with information they have regarding me. I hereby release and discharge Lynden School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that falsification of any part of this application shall be sufficient for terminating the volunteer position.

APPLICANT SIGNATURE:	DATE:
PRINCIPAL'S SIGNATURE:	DATE:

Lynden School District

APPLICANT DISCLOSURE STATEMENT

Pursuant to the requirements of RCW 43.43.834, Lynden School District must ask you to complete the following Applicant Disclosure Statement. This information will be kept confidential. Please answer fully and accurately.

Note Lync	den School_District will confirm your answers to these questions by:
2)	Running a Washington State Patrol check for criminal convictions; Searching the Washington Courts database for civil adjudications as listed below; and, [Healthcare only] For licensed personnel, checking the Department of Health credentials database for disciplinary actions.
	be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report to you upon request.
1. Ha	ve you ever been convicted of a crime?
	YesNo
	" please identify the offense(s), provide the date(s) of the conviction(s), the name court(s), (e.g., King County Superior Court) and the sentence(s) imposed.
abu any adr tha	ve you ever had findings made against you for domestic violence, abuse, sexual use, neglect, exploitation or financial exploitation of a child or vulnerable adult in violative proceeding? Civil adjudicative proceeding includes judicial or ministrative proceedings as well as findings by DSHS or the Department of Health the you have not administratively challenged or appealed. Yes No please identify the specific finding(s), which agency or court made the finding(s), the(s) of the finding(s), and the penalty(ies) imposed.
forego misrep emplo	re under the penalty of perjury under the laws of the State of Washington that the ing is true and correct. I understand that if I am hired, I can be discharged for any resentation or omission in the above statement. I also understand that if hired, my yment is conditioned on satisfactory results of the background checks listed above. signed this Disclosure Statement on the date shown below at, ngton.
Date:	Signature:
	Print Name:

WASHINGTON STATE PATROL



Identification and Criminal History Section PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

REQUESTING AGENCY/ADDRESS	B PURPOSE
Lynden School District	Check appropriate box
Agency	
Jamie Noteboom	Educational School District (ESD)/School District
Attn	Volunteer – no fee
516 Main St	Non-Profit Business/Organization – no fee
Address	(Excluding Schools & ESD's)
Lynden, WA 98264	Profit Business/Organization - \$17
City/State/Zip	Adaptive Perent \$17
I certify this request is made pursuant to and for the purpose indicated.	Adoptive Parent - \$17
	Receive background results electronically
	Email address
	Password (must be at least 8 characters)
Authorized Signature Date	Fees: Make payable to Washington State Patrol by check,
	money order, or business account.
	Notary letters certifying the results are
Title Area Code/Phone Number	available upon request. There is an additional
	\$10.00 processing fee per notary seal.
	Notarized Letter(s)
Applicant's Name: Last First	Middle
Alias/Maiden Name(s):	
Date of Birth: Sex:	Race:
Date of Birth: Sex: Sex:	
Secondary dissemination of this criminal history record information	response is prohibited unless in compliance with statute.
WASHINGTON STATE PATROL IDENTIFICATI	ON & CRIMINAL HISTORY SECTION
	NO. DE LINEARING CONTRACTOR DE CONTRACTOR DE L'ANGEL PRINCIPAL DE L'ANGE
As of this date, the applicant named below has no record pursua	ant to RCW 43.43.830 through 43.43.845.
Lynden School District	
Requesting Agency	
Applicant's Signature	
Applicant's Signature	
Applicant's Signature Applicant's Name	
Applicant's Name	
Applicant's Name	