



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

Brian Clemmer

Mentor Coordinator, LMS

ClemmerB@lynden.wednet.edu

360.354.2952 x#3124

Nancy McHarness

Partners for Schools—Director

betheone@partnersforschools.org

360.305.9568



BE THE ONE
MENTOR APPLICATION
Lynden School District



Date Submitted: _____

PERSONAL INFORMATION

NAME: _____ GENDER: Male
(Last) (First) (MI) Female

HOME ADDRESS: _____
(Street) (City) (State) (ZIP)

DATE OF BIRTH: _____ PHONE: _____ CELL: _____

E-MAIL ADDRESS: _____

NAME OF EMPLOYER: _____ POSITION: _____

NAME OF SUPERVISOR: _____ EMPLOYER PHONE: _____

Would you like us to keep your employer informed about your volunteer service? YES NO

MENTOR QUESTIONNAIRE:

Why do you want to be a mentor? _____

List your previous experience working with youth (ages 11-18):

Please tell us about any additional experiences, skills, interests, or languages spoken that could help you work specifically with youth (ages 11-18):

Indicate your age group preference for mentoring:

Middle School (age 11-14) High School (age 14-18) No Preference ("I'll go to either location")

What community groups or civil organizations do you belong to? _____

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.

<p><u>Reference #1</u> <input type="checkbox"/> Personal <input type="checkbox"/> Professional</p> <p>Name: _____ Phone: _____</p> <p>E-mail: _____</p> <p><u>Reference #2</u> <input type="checkbox"/> Personal <input type="checkbox"/> Professional</p> <p>Name: _____ Phone: _____</p> <p>E-mail: _____</p> <p><u>Reference #3</u> <input type="checkbox"/> Personal <input type="checkbox"/> Professional</p> <p>Name: _____ Phone: _____</p> <p>E-mail: _____</p>

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 Lynden School_District will confirm your answers to these questions by:

- 1) Running a Washington State Patrol check for criminal convictions;
- 2) Searching the Washington Courts database for civil adjudications as listed below; and,
- 3) [Healthcare only] For licensed personnel, checking the Department of Health credentials database for disciplinary actions.

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon request.

1. Have you ever been convicted of a crime?

_____ Yes _____ No

If "yes," please identify the offense(s), provide the date(s) of the conviction(s), the name of the court(s), (e.g., King County Superior Court) and the sentence(s) imposed.

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or vulnerable adult in any civil adjudicative proceeding? Civil adjudicative proceeding includes judicial or administrative proceedings as well as findings by DSHS or the Department of Health that you have not administratively challenged or appealed.

_____ Yes _____ No

If yes, please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s), and the penalty(ies) imposed.

I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if hired, my employment is conditioned on satisfactory results of the background checks listed above. I have signed this Disclosure Statement on the date shown below at _____, Washington.

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 (Instructions on Reverse Side)

<p>A REQUESTING AGENCY/ADDRESS Lynden School District Agency Shari Shagren Attn 1203 Bradley Rd. Address Lynden, WA 98264 City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <table border="1"><tr><td>_____</td><td>_____</td></tr><tr><td>Authorized Signature</td><td>Date</td></tr><tr><td>_____</td><td>()</td></tr><tr><td>Title</td><td>Area Code/Phone Number</td></tr></table>	_____	_____	Authorized Signature	Date	_____	()	Title	Area Code/Phone Number	<p>B PURPOSE Check appropriate box</p> <p><input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal. _____ Notarized Letter(s)</p>
_____	_____								
Authorized Signature	Date								
_____	()								
Title	Area Code/Phone Number								

C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____
(optional)

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency	Applicant Right Thumb Print (Optional)
Applicant's Signature	
Applicant's Name	Applicant Right Thumb Print (Optional)
Address	
City/State/Zip	