



Covington Mentoring Application

I am interested in:

- Bulldog Connection (Community-Based) Lunch Buddy One-to-One
 Reading Coach
 Bulldog Connection (School-Based) After-School Buddy
 Other _____

District/ Principal Signature: _____ Site

Location: _____

Name: _____ Date of Birth: _____

Social Security Number: _____ Marital Status: _____ Gender: Male Female

Ethnicity: _____ Primary Language: English Spanish Other _____

Home Address: _____

Street Address

City

State

Zip

Home Phone: _____

Cell Phone: _____

Email Address: _____

Occupation: _____ How Long Employed?: _____

Employer: _____

Work Address: _____

Street Address

City

State

Zip

Work Phone No.: _____ Supervisor's Name: _____

May we contact your employer?: Yes No

Education and

Highest Level of Education: _____

High School Attended: _____ Year of Graduation: _____

College: _____ Degree: _____

Other Education and/or Special Training: _____

Interests

I am interested in working with a student in: K-3rd grade 4th -5th grade 6th-8th grade 9th -12th grad

Availability*: I am available on _____ Day from _____ Time

I am available on _____ Day from _____ Time

I am available on _____ Day from _____ Time

* School days are generally 8 am - 3pm. Afterschool programs are generally 3 pm - 6p, Monday - Thursday.

Question(s)

Why are you interested in becoming a mentor? _____

How did you hear about mentoring? _____

References

Please identify **THREE** people who can vouch for your reputation and character.

- 1.) A **professional** reference (examples: minister, professor, past or current employer)
- 2.) A **personal** reference (examples: friend, co-worker, family member)
- 3.) A **personal** reference (examples: friend, co-worker, family member)

1) Professional reference: _____
Relationship: _____
Address: _____
Street Address City State Zip

Day Phone: _____ Email: _____

2) Professional reference: _____
Relationship: _____
Address: _____
Street Address City State Zip

Day Phone: _____ Email: _____

3) Professional reference: _____
Relationship: _____
Address: _____
Street Address City State Zip

Day Phone: _____ Email: _____

By signing below, I acknowledge and agree that:

- The references I listed above may be contacted by mail, telephone, or email.
- I am in no way obligated to perform any volunteer services, and Covington Independent Public Schools (CIPS) and Covington Partners are not obligated to match me with a youth.
- The information I provided will be used to conduct yearly background checks, to include driving records check, criminal background check, and other records where required by local, state, or federal laws for volunteers working with youth.
- I will abide by all school rules and Board of Education policies that apply to me.
- As part of the enrollment process, I will be asked to provide additional personal information and attend an interview and orientation/training session prior to being matched with a student.
- If matched, I will honor the commitment to volunteer as scheduled. If I will miss a mentoring/volunteer session, I will notify the appropriate person in advance.

By checking the box below, I acknowledge and agree that:

- Covington Partners and Covington Independent Public Schools have unlimited permission to use, publish, and republish my photograph or video image for purposes of promoting the mission of the organization(s) with or without identification of me by name.

Signature: _____

Date: _____

Please return application to:

Renee Mains, Mentoring Outreach Coordinator
Covington Independent Public Schools / Covington Partners
25 East Seventh Street, Covington, KY 41011
renee.mains@covington.kyschools.us Phone:(859) 392-3188

For Office Use Only: