

CYPRESS-FAIRBANKS I.S.D. PARTNERS IN EDUCATION
MENTOR PROGRAM APPLICATION

(print) Name: _____ Date of Birth ____/____/____ Sex ____
(Last) (First) (Middle initial)

Present home address: _____

(City) (Zip)

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Ages of children: _____

Place of employment: _____

Work address: _____

(City) (State) (Zip)

Name of supervisor: _____ Supervisor's phone: _____

REFERENCES (No relatives, please)

*Provide complete information below or this application **CANNOT** be processed*

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Home ph: _____ Home ph: _____

Work ph: _____ Work ph: _____

Cell ph: _____ Cell ph: _____

MEDICAL: [Optional] In the event of a medical emergency while serving in one of our schools in Cypress-Fairbanks ISD, please complete the following:

Medications currently taking: _____

Health concerns: _____

Name and phone number of a person to contact in case of emergency:

Name: _____ Relationship: _____

Phone(s): Home: _____

Work: _____

Mobile: _____

Date trained: _____
Trained by: _____
CBC date approved: _____

Write a brief statement on why you wish to be a volunteer in the Cypress-Fairbanks ISD Mentor Program:

Describe any special interests which may be helpful in matching you with a student (i.e., chess, stamp collecting, roller skating, needlepoint, computers, sports, **foreign language**, sign language, music, painting, etc.)

Preference of Day (Mon - Fri.): Choice #1 _____ Choice #2 _____

Best Hour of Day (7:30am – 4:30pm): Choice #1 _____ Choice #2 _____

Would you prefer: a "tougher" situation an "easier" situation no preference

I would like to work with a student in grade(s) (circle all that apply):

Elementary K 1 2 3 4 5 Middle 6 7 8 High 9 10 11 12

Campus Preference: 1st choice _____ 2nd choice _____

MENTOR PLEDGE

I understand that my commitment to the CFISD Mentor Program involves spending a regularly scheduled time weekly or bimonthly at the assigned school with my student (mentee) through his/her school year. Further, I understand that I will attend and complete a mentor training before I begin to mentor. As part of my participation in this program, I will communicate with the campus mentor liaison on a regular basis during this period.

Pursuant to Section 22.0835 of the Texas Education Code, I understand Cypress-Fairbanks ISD is required to conduct a criminal history review and reserves the right to receive and review any records maintained by any law enforcement agency..

I hereby declare that all statements in this profile application are true and accurate.

Signature

Date

Complete and return to:

Pam Scott
Partners In Education
Cypress-Fairbanks I.S.D.
8877 Barker Cypress Road, Suite 1118, Cypress, Texas 77433
Telephone: (281) 894-3952
or Fax: (281) 894-3959