

  
**CRANSTON MENTOR PROGRAM**  
Community Mentor Application

BCI	_____
FP	_____
TRNG	_____
SCHL	_____
SO CK	_____

***Please forward signed application with a photocopy of your driver's license to:  
Arlene McNulty Cranston Mentor Program 3296 Post Road Warwick, RI 02886***

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Number of years at this address \_\_\_\_\_

Previous Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

Work Phone (ext.): \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Current Position Title: \_\_\_\_\_

- I would like to participate as a traditional school based mentor, spending one hour a week in a school setting, building a one-to-one relationship with a student who needs a positive role model.
- I would like to participate as a literacy mentor with a student in grades K-4 working to enhance their reading skills, increase comprehension and help them to develop a love of reading. With just a half hour or so of the regular mentoring session dedicated to the "interactive read aloud".

Do you prefer working with: Boy  Girl  No preference

What grade level(s): K-6  7-8  No preference

Current job responsibilities: \_\_\_\_\_

Description of career background and skills: \_\_\_\_\_

Have you ever worked with children before? Yes  No  If yes, in what capacity? \_\_\_\_\_

Please describe any special interests that may be helpful in matching you and your mentee (i.e. stamp collecting, roller skating, computers, football, music, painting, etc.):

Please briefly explain why you would like to become a mentor: \_\_\_\_\_

How did you hear of our program? \_\_\_\_\_

Additional information or comments \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

References: (Other Than Family Members)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list your last three places of employment, beginning with the most recent:

Company Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_

May we contact the above companies for a reference? Yes  No

I understand that mentoring takes place on school grounds, during school hours.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CRANSTON MENTOR PROGRAM**  
*Operated by the Rhode Island Mentoring Partnership*

**AUTHORIZATION, RELEASE AND WAIVER**

LEGAL NAME \_\_\_\_\_  
(FIRST) (MIDDLE INITIAL) (LAST)

MAIDEN NAME/ALIAS \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_

I hereby AUTHORIZE the RHODE ISLAND MENTORING PARTNERSHIP, agent of the Cranston Public Schools, to communicate with any Law Enforcement Agency concerning any reports, records of convictions, or other information that such law enforcement agency may have concerning me. I also AUTHORIZE ANY LOCAL OR STATE POLICE DEPARTMENT OR BUREAU OF CRIMINAL IDENTIFICATION to furnish the Rhode Island Mentoring Partnership with any such information.

I hereby WAIVE and RELEASE the Rhode Island Mentoring Partnership, its funders, the Cranston Public Schools, any State or Local Police Department or Bureau of Criminal Identification, and any of their employees of all legal responsibility and liability which may arise from the furnishing of any criminal records or information.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**PLEASE INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE**

**If you are unable to have this form notarized, please call our office to make arrangements to come in and we will notarize it for you. (401) 732-7700**

In the City/Town of \_\_\_\_\_, County of \_\_\_\_\_ and State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 2015, \_\_\_\_\_ personally came before me and signed the above Authorization, Release and Waiver for the purpose of becoming a mentor in the \_\_\_\_\_ Mentor Program and has agreed to follow all the rules and regulations of the aforementioned program.

Produced identification  Type \_\_\_\_\_

Number \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed Name

My Commission Expires \_\_\_\_\_

**For Police or Bureau of Criminal Investigation Use Only:**

Please indicate below whether or not the above named individual is "Qualified" or "Not Qualified" to work with young children.