



Mentor Application

Please return completed application to the FBISD Administration Office

PLEASE PRINT

Name _____ Phone #1 _____
last first mi

Home address _____ Phone #2 _____

City _____ State _____ Zip _____

Home Email: _____ Business Email: _____

Employment

Employer _____ Position _____ # of years _____

Address _____ Zip _____ Phone _____

Education Level (please circle highest level)

High School

G.E.D.

College

Post Graduate

College _____ City _____ Major _____

General Information

What time of the school day do you prefer to mentor? Morning Afternoon

(Elementary school hours: 8:00 a.m. - 3:00 p.m. Secondary school hours: 8:30 a.m. - 4:00 p.m.)

Please answer yes or no to the following questions:

Yes No I am more comfortable working with a quiet, reserved child.

Yes No I am more comfortable working with a child who is active and outgoing.

Yes No I am more comfortable with at-risk children or adolescents.

Yes No I have children in a FBISD school. Which school(s)? _____



Skills or special talents _____

Hobbies/Interests _____

Experience working with youth _____

Do you speak a foreign language? Yes No Language(s) _____

Do you prefer working with students in: Elementary (Grades 3-4) Intermediate (Grades 5-6)

Junior High (Grades 7-8) High School (Grades 9-12) Wherever I'm needed most

How did you hear about HOSTS?

Friend Media FBISD Website Other _____

Please list two references:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

PLEASE READ CAREFULLY BEFORE SIGNING

Flour Bluff ISD appreciates your interest in becoming a mentor and role model to young students. By signing below, you provide authority to Flour Bluff ISD to verify all information found in this application. Your signature attests to the truthfulness of all the information listed in this application as well as your agreement to a security check.

_____ Date

_____ Printed Name of Applicant

_____ Signature of Applicant

FBISD Office Only

_____ Received	_____ Cleared
_____ District Orientation	_____ Sent to Campus
_____ School Assignment	

Please Note: Completion of this application and subsequent security clearance does not guarantee participation in the Flour Bluff ISD HOSTS Mentor Program.



MENTOR GUIDELINES

HOSTS (Helping Our Students To Succeed) is an approved Flour Bluff ISD mentor program, facilitated with specific guidelines that should be adhered to by all mentors. Please review the following items and understand that your agreement and compliance is mandatory throughout your mentorship.

- I will abide by campus rules to ensure compliance with federal, state and local laws and School board policies. These laws and policies are designed to protect and enhance the safety and well being of all individual mentors, students and schools participating in the HOSTS program.
- In compliance with District security regulations, I will check in through the school's front office each time I visit and wear the name badge provided for the duration of my stay.
- I understand that all meetings and activities with my HOSTS student must take place on the school grounds during the school day in either a room with an open door or on the school grounds in full view of campus staff. There are no exceptions.
- I understand that, under no circumstances, will I transport my HOSTS student, share my email or phone number, or have contact with him/her outside of the school setting.
- I understand that I will have no contact with my HOSTS student's parents or guardians, in person or via email or phone.
- I understand that physical contact with my HOSTS student should be limited to shaking hands or a pat on the shoulder.
- I understand that any information my HOSTS student tells me is confidential, however...
- In accordance with Texas law, I must tell a campus administrator if my HOSTS student has confided that he/she is the victim of sexual, emotional or physical abuse or involved in any illegal activity.
- The HOSTS mentor program requires a commitment of one hour a week for one school year.
- Upon initial approval of the student, parents must give written permission for their child to participate in the HOSTS program.
- I understand that failure to comply with these guidelines is cause for my removal from the HOSTS program.

Printed Name _____

Date _____

Signature _____

