

FLORENCE PUBLIC SCHOOL DISTRICT ONE

Youth Mentor Application

PERSONAL DATA

Social Security Number _____ Date _____

Name _____ email: _____

Mailing Address _____

Telephone (Home) _____ (Work) _____ May we call you at work? Yes ____ No ____

Race _____ Sex _____ Date of Birth ____ / ____ / ____ Driver's License _____ State _____ Number _____

PROGRAM DATA

Describe your personal interest in and commitment to improving the lives of young people:

List any hobbies or special skills that you have:

Are you willing to spend an average of two hours per week with a youth, including group activities? _____

How long are you willing to participate as a mentor in the Youth Mentor Program? 6 months _____ 1 year _____
(Note: Volunteers may re-enroll at the conclusion of their current assignment.)

Submit Applications to:

Office of Public Information, Florence School District One, 319 South Dargan Street, Florence, SC 29506-2589

To be completed by Coordinator:

Accept _____ Reject _____

Training Completion Date: ____ / ____ / ____

Comments:

(turn over and complete page 2)

EMPLOYMENT

Name of present or last employer _____
Address _____ Phone () _____
Job Title _____ Immediate Supervisor _____
Employed from ___/___/___ to ___/___/___ # of people supervised (if any) _____
Reason for leaving _____ May we contact? _____

Next most recent employer _____
Address _____ Phone () _____
Job Title _____ Immediate Supervisor _____
Employed from ___/___/___ to ___/___/___ # of people supervised (if any) _____
Reason for leaving _____ May we contact? _____

Have you ever been forced to resign from any job? Yes ___ No ___ If yes, explain _____

Have you ever been convicted of a criminal offense? Yes ___ No ___

Note: Omit minor traffic violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law.

If yes, please list charge(s) (1) _____ (2) _____

Where convicted	Date	Disposition/Status
_____	_____	_____

Where convicted	Date	Disposition/Status
_____	_____	_____

REFERENCES

Give the names of at least two people, not relatives, who are familiar with you and your work.

Name _____ Address _____ Phone () _____

Name _____ Address _____ Phone () _____

Name _____ Address _____ Phone () _____

PLEASE READ CAREFULLY THE FOLLOWING STATEMENTS

Authority to Release Information: By my signature, I consent to the release of information to duly authorized officers, agents, and/or employees of the State of South Carolina which may include but not be limited to information concerning my past and present work, including my official personnel files, attendance records, evaluations, educational records including transcripts, military service, law enforcement records, and/or any personal record deemed necessary, and to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employees, law enforcement organization and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with this application.

Signature _____ **Date** _____

Certification of Application: By my signature, I affirm, agree, and/or understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or omission of information or data on this application may result in exclusion from further consideration, or if accepted, termination of privileges.

Signature _____ **Date** _____