

Creative Mentor Printable Application Form

We appreciate your interest in becoming a mentor. Mentors are concerned adults who commit their time, skills, and creativity to help young students achieve their potential through consistent one-to-one relationships. The information in this application will help us to match you with a student and **will be kept confidential**.

Please Print All Information

Date _____
Name _____
Home Phone _____
Address _____
City _____
County _____
State _____
Zip _____

Social Security # _____
E-Mail _____

Employer's Name _____
Phone _____
Address _____
City _____
County _____
State _____
Zip _____

Birth Date _____
Gender (please circle) Male / Female
Race _____

How did you hear about the Creative Mentoring® Program?

Are you currently affiliated with any other mentoring program? (please circle) Yes No

If yes, with which program? _____

At which school do you wish to be a mentor?

(If you don't know which school you prefer, please indicate the area convenient to you and we will suggest a school for you.)

When are you available to mentor? (Please circle all that apply)

(M T W Th F) (Morning Lunchtime Afternoon)

In case of emergency, please contact:

Name _____
Phone _____

Please tell us a little bit about yourself.

Have you ever mentored or worked with children before? Please tell us a little bit about your experiences.

Do you speak any languages other than English? If yes, which ones?

What grade level child do you prefer? (Please circle all that apply) K 1 2 3 4 5 6 7 8

Would you prefer to mentor (please circle) Male Female It makes no difference

REFERENCES

Please list the names and DAYTIME TELEPHONE NUMBER of three (3) persons (non-family members) who have known you for at least three (3) years either personally or professionally.

Please Print All Information

Reference #1

Name _____

Phone _____

Years Known/Relationship _____

Reference #2

Name _____

Phone _____

Years Known/Relationship _____

Reference #3

Name _____

Phone _____

Years Known/Relationship _____

Please return completed application packet to:

Creative Mentoring

2126 West Newport Pike, Suite – 203
Wilmington, DE 19804


Phone 302. 633.6226

Toll Free 877. 202.9050 "

Fax 302. 633.1334

PLEASE NOTE: CREATIVE MENTORS ARE REQUIRED TO PROVIDE INFORMATION TO COMPLETE A CRIMINAL BACKGROUND CHECK [SEE ATTACHED](#)

Select First Choice 

Select Second Choice 

Creative Mentoring

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2126 W. Newport Pike
Suite 203
Wilmington, DE 19804
302.633.6226

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P.O. Box 10981
Wilmington, DE 19850-0981
302.325.9339

As a Creative Mentor in the School Program, I agree

To attend a training session before beginning to mentor

To meet with my mentee for 30 minutes—one hour each week, for at least the remainder of the current school year. (I understand that continuing this relationship beyond this school year is encouraged.)

To be on time for my scheduled mentoring sessions

To notify the school or school coordinator if I am unable to attend my weekly mentoring session

To engage in the relationship with an open mind

To accept assistance from my mentee's teachers, support staff, and school coordinator

To keep discussions with my mentee confidential except where his/her safety and/or welfare may be in jeopardy.

To ask for help from the school coordinator or Creative Mentoring liaison when I need assistance

To notify the school coordinator of any changes in my employment, address, and/or telephone number

To notify the program coordinator if I wish to change my assigned student or schedule.

To meet with my mentee only in a school or school-approved setting and only during the regular school day as stated in his/her parents' permission form.

Signature_____

Date_____

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Creative Mentoring Training Registration Form	
<p>To register for a training session complete the form below.</p> <p>This form is for those who will mentor in a Delaware school only. Others please call 302-633-6226 for more information.</p>	
Company	<input style="width: 95%;" type="text"/>
Name	<input style="width: 95%;" type="text"/>
Home Phone	<input style="width: 95%;" type="text"/>
Cell Phone	<input style="width: 95%;" type="text"/>
Work Phone	<input style="width: 95%;" type="text"/>
Fax	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>
City	<input style="width: 95%;" type="text"/>
State	<input style="width: 95%;" type="text"/>
Zip Code	<input style="width: 95%;" type="text"/>
E-mail	<input style="width: 95%;" type="text"/>
<p>If you are affiliated with another mentoring program, please check the appropriate box:</p>	
<p> <input type="checkbox"/> Creative Mentoring <input type="checkbox"/> BBBS <input type="checkbox"/> HOSTS <input type="checkbox"/> Other <input style="width: 150px;" type="text"/> </p>	
Class Choice	
Date	<input style="width: 95%;" type="text"/>
Time	<input style="width: 95%;" type="text"/>
Location	<input style="width: 95%;" type="text"/>
Location Codes	
Wilmington	BCM - Boscov's Concord Mall Training Center
	HES - Highland Elementary School
	WPC - Westminster Presbyterian Church
Dover	BDM - Boscov's Dover Mall Training Center
	NDE - North Dover Elementary
	SPTC - State Personnel Training Center - Paradee Center

Georgetown	DT&CC-CPC - Delaware Tech. & Comm. College (William Carter Partnership Center)
Ocean View	LBE - Lord Baltimore Elementary

Please send completed registration via:
Fax: (302) 633-1334 or
Mail to:

Creative Mentoring
Registrar
2126 West Newport Pike, Suite 203
Wilmington, DE 19804

Once registered, you will receive a confirmation with directions to your training location. If you do not receive your confirmation or if you are registering less than one week prior to the class, please contact **Creative Mentoring** toll-free at 1-877-202-9050, Ext. 10.

Creative Mentoring

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**SCHOOL MENTOR PROGRAM
CRIMINAL HISTORY RECORD SCREENING AUTHORIZATION**

Volunteer Information:	
Last Name: _____	First Name: _____
Middle: _____	Suffix: _____

All Other Full Names Used In The Past

1: _____

2: _____

3: _____

DATE OF BIRTH: _____	RACE: _____	SEX (M/F): _____
Social Security Number: _____		

ADDRESS:

Street: _____

City: _____ **State:** ____ **Zipcode:** _____

TELEPHONE NUMBERS: (with area code)
Home: _____
Work: _____

SCHOOL DISTRICT: _____
Contact Person: _____

AUTHORIZATION TO RELEASE INFORMATION:

I authorize release of any and all information that you have concerning me, including **CRIMINAL HISTORY RECORD INFORMATION** and other information of a confidential or privilege nature. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information.

Signature: _____ Date: _____

School Personnel: It is recommended that each volunteer's driver's license be photocopied and kept on file with a copy of this form.

Forms should be mailed to:
Creative Mentoring 2126 West Newport Pike, Suite 203 Wilmington, DE 19804

For information or questions call:
Delaware State Police,
Criminal History Section
1-800-464-4357 or 739-2528
(P.O. Box 430, Dover, DE 19903)

STATE BUREAU OF IDENTIFICATION USE ONLY:

	No Delaware Criminal History Record based on a name and date of birth check.
Signature/Date	
	The Delaware Criminal History Record is attached.
Signature/Date	

This Criminal History Record check is based on a name and date of birth only. No fingerprints were provided. Fingerprints provide the only "Positive" means of determining whether an individual has a Delaware Criminal History Record.