



Aledo ISD CONNECTIONS Mentoring Program

Dear Potential Mentor,

We are excited that you are interested in our mentoring program! Every member of the community can contribute to the well being of a child. Becoming a mentor is a great way to help out while enriching your own life and all it takes is one hour a week. To help you learn more about the program, enclosed is information that will hopefully answer most of your questions.

Connections Mentoring Program provides all of the necessary free training for an individual to qualify as a mentor. Following the application, interview and criminal background check, we match an adult with a child and place them in the mentoring program.

Please complete the enclosed application and return it to me at:

Connections Mentoring Program
Aledo ISD – Scott Kessel
1008 Bailey Ranch Road
Aledo, Texas 76008

Thank you for considering this very important program and for making a difference in a child's life. Do not hesitate to call me at 817-441-5161 if you have any questions or concerns.

Sincerely,

Scott Kessel
Connections Mentoring Program Coordinator

The future is not some place we are going, but one we are creating - John Scharr



Aledo ISD CONNECTIONS Mentoring Program Mentor Guidelines

The *Connections Mentoring Program* of Aledo ISD helps to empower youth in our community to make positive life choices that enable them to maximize their potential. The mentoring program uses adult volunteers to commit to supporting, guiding, and being a friend to a young person for a period of at least one year. By becoming part of the social network of adults and community members who care about the youth, the mentor can help youth develop and reach positive academic, career, and personal goals.

Mentor Role

- Take the lead in supporting a young person through an ongoing, one-to-one relationship
- Serve as a positive role model and friend
- Build the relationship by planning and participating in activities together
- Strive for mutual respect
- Build self-esteem and motivation
- Help set goals and work toward accomplishing them

Time Commitment

- Make a one-year commitment
- Spend a minimum of one hour per week one-to-one with a mentee
- Attend an initial training session
- Attend optional mentor/mentee group events, mentor support groups and program recognition events

Participation Requirements

- Be at least 21 years old
- Be interested in working with young people
- Be willing to adhere to all program policies and procedures
- Be willing to complete the application and screening process
- Be dependable and consistent in meeting the time commitments
- Attend mentor training sessions as prescribed

Desirable Qualities

- Willing listener
- Encouraging and supportive
- Patient and flexible
- Tolerant and respectful of individual differences

Benefits

- Personal fulfillment through contribution to community and individual
- Satisfaction in helping someone mature, progress, and achieve goals
- Training sessions and group activities
- Participation in a mentor support group
- Mileage and expenses are tax deductible
- Personal ongoing support, supervision to help the match succeed

Application and Screening Process

- Written application
- Criminal history check
- Attend mentor training

For more information, contact Scott Kessel at 817.441.5161 or by email at skessel@aledo.k12.tx.us.



**Aledo ISD CONNECTIONS Mentoring Program
Mentor Application Form**

Name _____

Address _____

City/State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Present Occupation _____

Employer _____ Phone _____

Please list past work or volunteer experience, especially any mentoring, teaching, tutoring or any other related work you've done with youth.

Please list any special skills, hobbies or interests that you would be willing to share with youth:

Please give three references other than a relative who can recommend you and/or your work:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

How often are you willing to volunteer as a mentor?

Preferable days _____ Preferable times _____

I certify that the information contained in this application is true. I also understand that *Connections Mentoring Program* is required to run a background check on all volunteers who work with youth. The *Connections Mentoring Program* has my permission to do a background check and to verify all statements in this application.

Signature

Date



**Aledo ISD CONNECTIONS Mentoring Program
Mentor Interest Inventory**

Name _____

Birthdate _____

Occupation _____

Hobbies _____

Favorite food _____

Favorite movie _____

Favorite place to visit _____

Favorite kind of music _____

Favorite music group _____

What are some activities you feel would be fun for you and your mentee?

Do you have any concerns about having a mentee? If so, what?

What do you feel is the most important thing your mentee should know about you?

Please return this inventory with your mentor packet. This interest inventory gives your mentee the opportunity to get to know you before your first meeting. Thank you for your cooperation.



Aledo ISD CONNECTIONS Mentoring Program Standards of Conduct for Mentors

Characteristics of Mentors

- Honest and respectful
- Patient with students
- Flexible to student needs and schedules
- Prompt, dependable and regular in attendance
- Friendly to teachers and children
- Supportive of administrators and school staff
- Discreet, sincere and dedicated
- Respectful of youth and mindful of confidentiality

Responsibilities

- Sign in and out properly at each school visit
- Wear Aledo ISD identification at school
- Keep all student information confidential, unless abuse or neglect is suspected: in that case, report concerns to the Program Coordinator, Scott Kessel at 817.441.5161
- Telephone the school secretary to notify the student if you will be absent

Connections Guidelines

- All activities are school based. Activities are to occur on school grounds during the regular day
- Volunteers may not transport students
- Volunteers avoid all physical contact with students in the “strike zone” and interact with students in areas with others present. Limit physical contact to accepted gestures of greeting, guidance and praise, such as handshakes, high five’s or side hugs given only after student permission

Connection Mentors

- Avoid giving gifts or lending money to students
- Support teachers and their ideas
- Treat teachers, students and parents with respect
- Realize you are a school visitor whose purpose is to give support to students
- Do not make negative comments to others about the children or teachers
- Exhibit behavior supportive of all ethnic/racial groups

The *Connections Mentoring Program* vision is to connect young people with caring adult volunteers at schools to promote success, encourage healthy behaviors and build stronger communities.

I have read the above and agree to follow these standards and guidelines for *Connections Mentoring Program*.

Signature

Date

Printed Name

Volunteering for which campuses:	
<input type="checkbox"/> Vandagriff	<input type="checkbox"/> McAnally
<input type="checkbox"/> Coder	<input type="checkbox"/> AMS
<input type="checkbox"/> Stuard	<input type="checkbox"/> 9 th Gr. Campus
<input type="checkbox"/> McCall	<input type="checkbox"/> AHS/TLC
For Office Staff Only	
Check Completed _____	
Date _____	

CRIMINAL HISTORY INFORMATION REQUEST

Confidential

The Aledo Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print. (all information is required)

Name _____
Last
First
Middle

Social Security Number _____ Date of birth _____

Driver's License _____
State and Number

Mailing Address _____
Street
City
State
Zip

Sex: Male Female Ethnicity: Black White/Other

Telephone Number: _____

Email Address: _____

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.

Signature

Date

Name(s) of Child(ren):

Campus(es):

*This form will be removed from the application and filed separately in the HR office.

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.
APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	_____ initial
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Hire _____ Not Hired _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	