



Family Connection of Stephens County, Inc.
 P.O. Box 2253 Toccoa, GA 30577
 706-898-5115

MENTOR APPLICATION

First Name	Last Name	Date	
Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	
Employer		Age (circle one) 18-25 26-40 40+	
Email		Grade you prefer	
School you prefer <input type="checkbox"/> Big A Elementary <input type="checkbox"/> Liberty Elementary <input type="checkbox"/> Toccoa Elementary <input type="checkbox"/> Stephens County Middle School <input type="checkbox"/> CrossRoads Success Academy <input type="checkbox"/> Stephens County High School		Do you have a physical handicap you want known before your student selected, such as a hearing problem, etc? If so, please indicate what it is:	
As a mentor, I agree: <ul style="list-style-type: none"> <input type="checkbox"/> To mentor a student for one hour (counting travel time) each week for the entire school year <input type="checkbox"/> To be on time for my mentoring appointment <input type="checkbox"/> To notify the school mentor host if I am unable to keep my weekly mentoring appointment <input type="checkbox"/> To engage in the mentoring relationship with an open mind <input type="checkbox"/> To respect the confidentiality of the relationship (<i>exception: If a student confides that he or she is the victim of sexual, emotional or physical abuse, you must notify <u>the mentor host</u> immediately.</i>) <input type="checkbox"/> If I am no longer able to honor my commitment I will inform the mentor host and/or the mentor coordinator <input type="checkbox"/> To respect school protocol 			
If you have any questions please call the Family Connection office 706-898-5115 Family Connection of Stephens County, Inc. P.O. Box 2253, Toccoa, GA 30577 Email: nancy.ekback@stephenscountyschools.org			

All mentors are required to complete the GCIC consent form on back page!

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GCIC Consent Form

I hereby authorize Stephens County School System to receive any Georgia criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

Employment with mentally disabled (Purpose code 'M')

Employment with elder care (Purpose code 'N')

Employment with children (Purpose code 'W')

One of the following must be checked:

This authorization is valid for 90 days/ 180 days (circle one) from the date of signature.

OR

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this school system.