



Oconee County Mentor Program

Mentor Job Description

| | |
|------------------|--|
| Title: | Mentor |
| Term: | One year (current school year) |
| Capacity: | Volunteer |
| Duties: | To interact regularly on school premises for a minimum of two hours per month with the student to whom you are assigned. This interaction could be meeting for breakfast or lunch, school programs, or study time. |
| Training: | Training for mentors is provided by the Oconee Area Resource Council and the Oconee County School District. Mentors will be required to attend one training session. Sessions are scheduled in conjunction with the enrollment of new volunteers to the program and will last approximately one hour. Additional assistance is provided on an as-needed basis. |
| Hours: | Flexible. Scheduling will be handled on an individual basis, depending upon the availability of the mentor and the student's class schedule. A minimum of two hours per month is requested. |
| Location: | Mentoring will occur at the student's school. |

Essential Mentor Characteristics:

- Mentor must be dependable, caring and kind.
- When mentors arrange a meeting time with their students, they must come.
- Attending these mentoring sessions must be given the highest priority.
- If you find you can no longer honor your commitment, please inform the program coordinator and school contact person.

Trainings are held at Oconee Area Resource Council office located at
20 North Main St, Watkinsville, GA 30677
To register for training please call 706.769.4974



Oconee County Mentor Program

Mentor Program Application

Please Print

Today's Date _____

Name: _____ Gender: _____ Date of Birth: _____

Local Mailing Address:

| Street | City | State | Zip |
|--|------|-------|-----|
| Permanent Address if different from above: | | | |

| Street | City | State | Zip |
|--------|------|-------|-----|
|--------|------|-------|-----|

How long have you lived in the state of Georgia? _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Employer: _____ Occupation: _____

Special Interests: _____ Can you speak other language(s)?

_____ Yes _____ No _____

_____ If yes, what language? _____

Mentee Preferences:

Elementary (5 -11 years) ___ Middle (11-14 years) ___ High (14-18 years) ___

Gender: Male ___ Female ___

School Preference:

Oconee County Primary School ___ Oconee County Elementary School ___

Colham Ferry Elementary School ___ Rocky Branch Elementary School ___

Malcom Bridge Elementary School ___ High Shoals Elementary School ___

Malcom Bridge Middle School ___ Oconee County Middle School ___

Oconee County High School ___ North Oconee High School ___



Oconee County Mentor Program

Please List one Reference:

_____ Phone: _____

Education (Check Highest Level):

| | |
|------------------------|-----------------------|
| High School _____ | Bachelor Degree _____ |
| Some College _____ | Master Degree _____ |
| Associate Degree _____ | Doctorate _____ |

Experience Working with Children: Yes _____ No _____

In what capacity: _____

ARREST(S) OR CONVICTION(S) including traffic citations: Yes _____ No _____

Explain below:

Are you able and willing to commit to at least two hours per month of the entire/remainder of the school year? Yes _____ No _____

APPLICANT SIGNATURE: _____ DATE _____

Please send application to: Oconee Area Resource Council
P. O. Box 149
Watkinsville, GA 30677

| | |
|------------------------|---|
| FOR INTERNAL USE ONLY: | |
| Date received: _____ | |
| Received by: _____ | |
| _____ | Record contains no report of criminal history |
| _____ | Record contains report of criminal history |

| | |
|--|----------------------------|
| Please check if the following pertains to you: | |
| <input type="checkbox"/> | Chamber of Commerce Member |
| <input type="checkbox"/> | Staff/Faculty of UGA |
| <input type="checkbox"/> | Employee of Oconee County |
| <input type="checkbox"/> | UGA Student |

Training Date: _____ **Approved:** _____



Oconee County Mentor Program

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize Oconee Area Resource Council 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')
- Employment with criminal justice agency – non-sworn (Purpose code 'J')
- Employment with criminal justice agency – sworn (Purpose code 'Z')

One of the following must be checked:

- I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of volunteer status with this program.