



Thank you for your interest in the **Basehor-Linwood Mentors** program.

Since 1999, our district's mentoring program annually matches adult Mentors and high school junior and senior CareCats with student Mentees (one on one, small groups, or classroom Pre-k through 12th grade). This time-proven strategy helps Basehor-Linwood USD 458 students achieve their full potential.

Starting in 2016, we begin a year-long Kansas Volunteer Commission/Volunteer Generation Fund grant to promote Science-Technology-Engineering and Math (STEM) related career professionals to Mentor with BLHS students. Please mark if you are interested in being a STEM Mentor. This project is under the state recognized Gold Star partnership (following mandatory benchmarks) under the Kansas Mentors umbrella.

If interested in becoming a Mentor, please print the forms attached, complete and sign. Feel free to scan and send to Mrs. Potts (email below). Once received, your application will be screened by the Basehor-Linwood Mentors District Coordinator and background checks will be conducted in the following areas:

- *Criminal
- *Child Abuse and Neglect
- *Driving
- *Sex Offender Registry

You can also give your application to your school secretary, and it will be sent in district inner-office mail to our BLHS office to begin the application process.
All applications are considered confidential.

Please contact me if you have questions.



Sincerely,
Tammy Potts
District Coordinator
Kansas Mentors Council of Mentors
tpotts@usd458.org
913-724-1727 ext. 2430

Scan the QR code at the left to check out the Basehor-Linwood Mentors and Care Cats Mentors page online! You can find us on Facebook and on Twitter.



Check out, and please LIKE our Basehor-Linwood Mentors Facebook page.

Office Use Only

Date District Received _____

Date Sent to Screening _____

Basehor-Linwood Mentors Application

Legal

Name _____

Last

First

Middle

Maiden Name _____

Driver's License # _____ State _____ Birth Date ____/____/____

MM / DD / YYYY

Current Address _____ City _____ State _____

Zip _____ How long at current address? ____ Years ____ Months

Your addresses over the last five years, prior to your current address: If same, check here.

Street _____ Apt.# _____ City _____

State _____ Zip _____

Street _____ Apt.# _____ City _____

State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ E-Mail _____

OK to send E-mail to work address? Yes No

Marital Status: Single Married Divorced Widowed

Place of Employment _____ How Long? _____

Occupation _____

Work Address _____ City _____ State _____ Zip _____

Work Phone (____) _____ Ext. _____ Fax (____) _____

OK to send mail to work address? Yes No

Supervisor's Name _____ Phone (____) _____ OK to call at work? Yes No

If employed here less than three years, please list previous employer(s) :

Name of Employer _____ How long there? _____

Street Address _____ City _____

State _____ Zip _____

My work/experience involves: math, engineering, technology and/or science: Yes No

If RETIRED, what was the work (industry/career): _____

Education: Less than high school High school or GED Vo-tech or college (less than four years)

Four year college degree or equivalent Advanced degree

Special affiliation. Are you submitting this application as part of a group? (i.e., church, social club, office group)

Name of group: _____

Preference in placement: Classroom/Small groups, One on One, STEM, or eMentor: _____

Preference of School and Teacher: _____

Do you have foreign language skills? Yes No If yes, what language(s) _____

When are you available for volunteer service? Day(s) _____ Time(s) _____

Emergency contact: _____
Name Phone Relationship

How did you hear about **Basehor-Linwood Mentors**?

Please list three personal references (two must be non-family) who have known you for at least one year.

Name _____ Phone (____) _____

Relationship to you _____ How long acquainted _____

Name _____ Phone (____) _____

Relationship to you _____ How long acquainted _____

Name _____ Phone (____) _____

Relationship to you _____ How long acquainted _____

Have you ever had a conviction, suspended sentence, diversion agreement or other judgment against you for any matter listed below? Your answers should include any matter resolved on a plea of guilty or nolo contendere (no contest) and any matter expunged, annulled or sealed.

1) Any felony or misdemeanor? Yes No 2) Any municipal ordinance violation? Yes No

3) Any DUI/DWI? Yes No 4) Is your driver's license currently suspended? Yes No

5) Are any felony, misdemeanor or municipal charges currently pending against you or are you currently out on bail or on your own recognizance awaiting trial? Yes No

6) Have there ever been allegations, complaints or reports regarding your involvement in child abuse or neglect (regardless of whether the incident was confirmed or denied)? Yes No

If yes to any of the above, please provide date, description and explanation of each incident on separate paper.

Applicant's Authorization and Agreement

You have my permission to contact my employer. I understand that any omissions or misstatements made by me on this application may be cause for my application to be declined or volunteer placement to be terminated.

I understand that all information, including driver's license, criminal background and child abuse/neglect records and sex offender registry, will be verified and may be disclosed to Basehor-Linwood Mentors, and hereby consent to such verification and disclosure. I declare that all the statements I have made on this application are true, correct and complete to the best of my knowledge. I give permission to be rescreened every three years per district policy. I understand that Basehor-Linwood Mentors at their sole and complete discretion, may accept or decline this application without providing me any reasons for the decision.

Applicant's

Signature _____ Date _____

Please return completed application, signed and dated, to Basehor-Linwood Mentors

Attn: Tammy Potts (or please give to your school secretary to be forwarded to Mrs. Potts)

**Basehor-Linwood High School
2108 North 155th Street
Basehor, Ks 66007
913-724-1727 ext. 2430**

Kansas Department of Social and Rehabilitation Services
Child Abuse and Neglect Central Registry
915 SW Harrison 5th Floor South
Topeka, Kansas 66612

Child Abuse and Neglect Central Registry Release of Information

I, _____,
First Middle Last Name
give permission for the release of any information concerning myself in the
Child Abuse and Neglect Central Registry to Basehor-Linwood Mentors (USD 458)
Contact: Tammy Potts (913) 724-1727 ext. 102

I understand that all information released will be for the exclusive and confidential use of
Basehor-Linwood Mentors (USD 458).

****Please complete the information below by printing in ink. Please print legibly.
Do not leave any space blank. All requested information is required to process this request.
Incomplete information will result in the release not being processed and will be returned as
insufficient.****

First, Middle and Last Name: _____

Maiden Name: (Female applicant only) _____

Married Names, Nicknames or Other Names Used: (Use N/A if no other names used)

Date of Birth: _____ Race: _____

Social Security # _____ Gender (please circle): Male Female

Signature: _____ Date: _____

Current Address: _____

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. All releases and fees should be sent via postal mail to the attention of SRS, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601. The following state agencies are exempt from the \$10.00 fee: JJA (Central Office or Facilities), KNI, Dept. Of Education- Central Office, KDHE, State Hospitals, State Correctional Institutions, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states. Mentor record checks, i.e. Big Brothers Big Sisters, are exempt from the \$10.00 fee. For a complete list of Mentor Programs, go to: <http://ksmentors.ks.gov/recordscheck.htm>. This is a mentor record check, please make sure the box below is checked as a Mentor Program. If yes, please check here XYESXX **For Central Registry Use Only**

Standards of Conduct for Basehor-Linwood Mentors and Care Cats

All Mentors and CareCat Mentors are asked to read and sign the following:

I understand that I am beginning length of service as a Mentor and/or CareCat Mentor, (with the standard minimum commitment of at least a year).

I understand this means mandatory complete rescreening every two to three years as an Adult Mentor. I understand that it is my responsibility as a Mentor and/or Care Cat to stay in communication and notify District Coordinator of any schedule or placement changes if needed. Unless notified, District Coordinator will contact annually to schedule as active volunteer, and monitor match through the year. I understand that a Mentor and Mentee match should make an annual commitment with intentions to strive for long-term commitment.

Sign in and out properly at each school visit.

Wear USD 458 identification at school.

Keep all student information confidential, (unless abuse or neglect is suspected then immediately report these concerns to the district coordinator).

Telephone or email the school secretary and placement teacher that you will be absent (Contact information is on the USD 458 school website, under each school's staff).

Remember that all Basehor-Linwood Mentors and CareCats activities are school-based and on school-grounds during the regular school or extended day; any district exceptions must have written parent permission prior to final approval by principal and district coordinator.

Do's:

Dress appropriately, BUSINESS CASUAL, and speak in a manner conducive of a role model; you are setting an example.

Remember that there is a ONE minute attention span per year of life, according to MENTOR studies. (For example, the average 6-year-old kindergartener has about a 6 minute attention span, etc)

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.

Exhibit behavior supportive of all ethnic/racial groups.

Consult with the teacher, principal or district coordinator if problems occur.

Volunteers should minimize physical contact with students and always stay out of the "strike zone" (from shoulders to knees). Interact with students in public areas with others present.

Limit physical contact to accepted gesture of greeting, guidance and praise, such as shaking hands, high fives or side hugs given only after student permission.

If the placement teacher, principal and coordinator approves - the volunteer can participate in a student goal/reward system (bringing and sharing a Mentor/Mentee lunch, etc, or with written parent permission, participating in a special activity).

Don'ts:

No sexual or romantic advance, contact or relationship is allowed, even if apparently “consensual” or initiated by a student; including any inappropriate communication through text, social networks/internet sites, email or telephone.

No use of profanity or exhibiting displays of violence or threats of violence in the presence of students. Weapons are not allowed on school grounds.

No illegal activities with students, including, but not limited to providing alcohol, tobacco or drugs to students.

Volunteers may not attempt to influence or persuade students on religious or political matters.

Volunteers are to avoid giving expensive gifts or lending money to students. Volunteers do not make negative comments to others about the children or teachers and uphold confidentiality.

Volunteers may not transport students; any exceptions must follow school district guidelines and have principal and/or district coordinator advance approval.

Avoid use of cell phones in placement school, avoid texting (especially while driving to or from placement), and avoid taking pictures of any students without confirming FERPA privacy release consent with school secretary/teacher or liaison.

No earbuds in ears or around neck in sight (Ipod, etc).

Your mentee deserves your full attention.

I, _____, _____.

(Signature)

(Please print name here)

have read the above and agree to follow these standards.

Date