

DREAM-CATCHERS MENTOR PROGRAM Co-Sponsored by George Mason University and Fairfax County Public Schools and Prince William County Public Schools

Confidential Mentor Application

Name: Last		First		Middle
Position at George Mas	son University:			
Title	Uı	nit (college, school,	department)	Mail Stop #
Work Phone:	Home Phone:			
Email address:		Fax:		
Home Address:				
Street		City	State	Zip Code
Special interests or hob	bies that you w	ould be interested in	n sharing with a stud	ent:
Gender preference?	Male	Female	No specific j	preference
Please list any languages	s you speak in a	ddition to English.		

Add any **other information** you would like to share about yourself that could assist us in matching you with an eligible student:

In accordance with Fairfax County Public Schools (FCPS) policy regarding the recruiting of mentors, FCPS will check with the Department of Social Services' Child Abuse and Neglect Central Registry, State Police, and Department of Motor Vehicles for matters of public records regarding a potential volunteer's history. Do you object to the Mason Dream-Catchers Mentor Program, in conjunction with Fairfax County Public Schools, conducting this search?

Yes No

Reference:

Do you have any objection to our contacting your current work supervisor for a reference? Yes No

Current work supervisor's name:

Phone number:

Length of employment at Mason?

The undersigned acknowledges and agrees that

- he or she is not obligated if called upon to perform the volunteer services herein applied for, and that the Mason Dream-Catchers Mentor Program is not obligated to assign or actively seek to assign him or her a student;
- (2) as a part of the applicant Mason Dream-catchers Mentor Program's matching process, additional personal information may be elicited from the applicant by the Dream-Catchers Mentor Program Team;
- (3) in accordance and conjunction with Fairfax County Public Schools policy regarding the recruitment of mentors, the Dream-Catchers Mentor Program has the applicant's permission to contact references and to conduct background checks with the Department of Motor Vehicles, the State Police and the Child Abuse Registry;
- (4) he or she will limit contact with the student to the planned program; and
- (5) the Dream-Catchers Mentor Program reserves the right at all times to evaluate and mediate all aspects of the program, including the mentor-student relationship, in an on-going manner.

I also understand that my commitment to serving as a mentor in Dream-Catchers includes the following:

- To participate in the Dream-Catchers program with a student for at least one year
- To schedule time each week to interact with a specific student at-risk (mentee) tele-mentoring, e-mailing, etc.)
- To set aside time once a month to meet with the mentee for lunch at school or other activity after school
- To participate in monthly mentor network meetings and/or social functions with other mentors and their mentees through the Mason Dream-Catchers program

I declare that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief.

Applicant's signature:	Date:
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Please return this form to: Dr. Karen Kitching, Mason Dream-Catchers Coordinator, George Mason University, School of Business MSN 5F4 or email: <u>kkitchin@gmu.edu</u> If you have questions, please contact Dr. Kitching at (703) 993-9038 or email her at: <u>kkitchin@gmu.edu</u>.