|  |  |
| --- | --- |
| Mentor/Volunteer Application |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City / ST / Zip |  |
| Phone (Mobile) |  |
| Phone (Other) |  |
| E-Mail Address |  |
| Gender |  |

## Availability

### During which **DAY/DAYS** and **HOUR/HOURS** are you available for mentoring assignment?

|  |  |  |  |
| --- | --- | --- | --- |
| Monday | Thursday | 10:00am-11:00am | 10:30am-11:30am |
| Tuesday | Friday | 11:00am-12:00 noon | 11:30am-12:30pm |
| Wednesday |  | 12:00pm-1:00pm | 12:30pm- 1:30pm |

## School Interests

### Tell us in which school / schools you are interested in volunteering

|  |
| --- |
| Arlington Middle 1201 UNIVERSITY BLVD N 1201 University Boulevard North1201 UNIVERSITY BLVD N |
| DuPont Middle 2710 DuPont Avenue |
| Highlands Middle 10913 Pine Estates Rd E |
| J. E. B. Stuart Middle 4815 Wesconnett Blvd |
| Jeff Davis Middle 7050 Melvin Rd |
| Lake Shore Middle 2519 Bayview Road |
| Matthew Gilbert Middle 1424 Franklin Street |
| Northwestern Middle 2100 West 45th Street |
| Ribault Middle 3610 Ribault Scenic Drive |
| Southside Middle 2948 Knights Lane East |

## MENTORING CATEGORY

### Please indicate the mentoring category that best describes you.

|  |  |  |
| --- | --- | --- |
| College / University Student/Staff | Indicate College Name |  |
| Alumni Association | Indicate Alumni Association |  |
| Community/Civic Group | Indicate Group Name |  |
| Individual |  |  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

## Terms of Mentorship Volunteering

1. Complete volunteer background screening application through Duval County Public Schools:

<https://dcps.duvalschools.org/Page/7416>

1. Meet with mentee 1 hour weekly or bi-weekly.
2. Notify the I’m A Star Foundation office if you are unable to keep the mentoring appointment.
3. Follow all school and agency policies, rules, and procedures.
4. Be professional at all times.

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

### Thank you for completing this application form and for your interest in volunteering with us.