

Rockdale County Public Schools Mentor Application



Mentoring Program

Department of
Community and
Student Support

1143 West Avenue
Conyers, GA 30012

770-761-1449

Thank you for your interest in becoming a mentor with Rockdale County Public Schools! Our goal is to create a program that will encourage the development of a meaningful ongoing relationship between each mentor and mentee.

Before you can begin to mentor, we need to know more about you and your interests and skills so we can better match the interests of mentors and mentees. All elements of your profile are kept in the strictest of confidence. Thank you for taking the time to complete this questionnaire.

Name _____ Phone: _____

Address: _____

Email: _____

What address will you be leaving from to attend school based mentoring?

How close in proximity do you need to be to the above address when mentoring?

Preferred mentoring level (elementary, middle or high) _____

Do you have a preference for the gender of the mentee? _____ If so, please list: _____

Do you have a preferred school? _____ If so, what school(s)? _____

Are you open to other possibilities if there is a need elsewhere? _____

How many students would you like to mentor? _____

Work history (please include a brief description of responsibilities):

Title/Description/Date

Title/Description/Date

Title/Description/Date

Have you ever worked with young people before? If so, please describe:

If you have participated in a mentoring program before, what agency, city, state, and when? _____

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What job skills can you share with a youth?

What hobbies can you share with a youth?

Can you commit to spending a minimum of 30-60 minutes per week for one year with a student? _____

Do you anticipate any changes in the next year that may interfere with your ability to meet your commitment as a mentor such as marriage, childbirth, new job, moving? If yes, please explain: _____

Are you bilingual? If so, what languages?

Please provide any additional information that you feel would help us match you with a student:

Mentor Responsibilities

Now that you have taken time to fill out the questionnaire, please review the bulleted list of responsibilities and sign below indicating your agreement with them.

1. I agree to undergo a background check.
2. I understand that I am expected to meet with my student at least 30 minutes each week of the school year. I also understand that if I cannot meet this commitment that I must notify my student via school personnel so as not to disappoint my mentee. The school system does exert flexibility in accommodating mentor schedules given the importance of the role, but we strive to stay as close to the 30 minute commitment per week as possible.
3. I understand that mentoring is non-denominational and that I do not recruit students to participate in organized faith-based activities.
4. I understand that the school system does not sanction transportation provided by myself. If I wish to transport a mentee or mentees it is my responsibility to work out traveling arrangements with the guardian of the child in writing.

Name of person signing document _____

Signature _____

Date Signed _____