

Tied Together Mentoring Program TTMP Henry County, GA

Tied Together Mentoring- TTMP Henry County, GA
P.O. Box 2103
McDonough, GA 29201
Phone: (404) 829-4794
www.tiedtogetherinc.org

Tied Together Mentoring Program

TTMP Henry County, GA

MENTOR APPLICATION

Please return via e-mail:

Tied Together Mentoring Program-TTMP Henry County, GA
 Attn: Ms. Keisha Stubbs
 P.O. Box 2103 Mcdonough, GA 30253
 E-info@tiedtogether.info

For more information, please call (404) 829-4794

Contact Information

<u>Last Name</u>		<u>First Name</u>		<u>Middle Initial</u>	
<u>Organization</u>					
<u>Title</u>			<u>Salutation</u> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:		
<u>Business Address</u>			<u>Home Address</u>		
<u>Business City</u>		<u>State</u>	<u>Zip</u>	<u>Home City</u>	
<u>Business Phone</u>			<u>Home Phone</u>		
<u>Mobile Phone</u>			<u>Preferred Fax</u>		<u>Preferred Phone</u> <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile
<u>Preferred Email</u>			<u>Preferred Mailing Address</u> <input type="checkbox"/> Work <input type="checkbox"/> Home		
<u>Former TTM Volunteer</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Education</u> <input type="checkbox"/> High School <input type="checkbox"/> Trade School <input type="checkbox"/> College			
<u>Gender</u> <input type="checkbox"/> Female <input type="checkbox"/> Male		<u>Birth date (month, day & year.)</u> Month Day Year		<u>Ethnic Origin</u>	
<u>How did you hear about TTM?</u>					

Background Information

- a) Have you ever been convicted or charged with an offense or crime against children?
 ___ Yes ___ No If yes, please explain on a separate sheet and attach it.
- b) Have you ever been charged with neglect, abuse or assault? ___ Yes ___ No If yes, please explain on a separate sheet and attach it.
- c) Have you ever been convicted or charged with a felony or misdemeanor? ___ Yes ___ No If yes, please explain on a separate sheet and attach it.
- d) Do you have any physical limitations or are you under any treatment that might limit your ability to perform certain types of work? ___ Yes ___ No
- e) Do you give TTMP consent to conduct a background check on you? ___ Yes ___ No

Mentor Information

Have you ever been a mentor before? ___ Yes ___ No

What does mentoring mean to you? _____

Why do you want to be a mentor? _____

Availability

What times are you available to mentor (check all that apply): ___ During School
___ after school (3-6pm) ___ evenings (6-8pm) ___ weekends-AM

___ weekends-PM ___ anytime

Do you have access to a car? ___ Yes ___ No If not, what mode(s) of transportation would you
use to meet with your mentees? _____

References

Personal

Name _____ Phone _____
Years Known _____ City & State of Residence _____

Name _____ Phone _____
Years Known _____ City & State of Residence _____

Professional

Name _____ Phone _____
Years known _____ City & State of Business _____

Is there any other pertinent information you feel is relevant to your application that has not been asked?

In case of emergency, please notify _____ Phone _____

* TTMP has the right to deny the participation of any applicant in our programs for any reason deemed appropriate by TTMP staff.

I hereby certify that all information provided on this application is true and complete. I understand that falsification or significant omissions of any information may be considered justification for non-acceptance or dismissal if discovered at a later date.

Signature:	Date:
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What are your interests?

1. Sports Interests: ___ Bowling ___ Basketball ___ Volleyball ___ Soccer ___ Football

___ Baseball ___ Golf ___ Hockey ___ Lacrosse ___ Tennis ___ Swimming

___ Canoeing ___ White Water Rafting ___ Surfing ___ Biking ___ Rock Climbing

___ Ice Skating ___ Roller Blading ___ Walking ___ Skiing ___ Scooter

2. Arts: ___ Painting ___ Drawing ___ Photography ___ Videography ___ Cooking

___ Theater ___ Plays ___ Museums ___ Concerts ___ Playing an Instrument(s) (explain) _____

3. Technology: ___ Internet ___ Computer video games ___ Internet/My Space/Chat Rooms

4. ___ Dancing ___ Shopping ___ TV/Cable/Movie Interests: ___ Comedy ___ Drama ___ Horror ___ Romantic ___ Family Movies ___ Music Videos ___ Singing
___ Reading

5. Music: ___ Hip Hop ___ Pop ___ Hard Rock ___ Spiritual ___ Jazz ___ Gospel

___ GO-GO ___ Praise & Worship ___ Crump ___ Country Western

6. Career Interest: ___ Business ___ Education ___ Law Enforcement ___ Medical

___ Sports ___ Entertainment ___ Government ___ Politics ___ Transportation

___ Technology ___ Armed Forces ___ Other _____

What are your strengths? (ex: leader, focused) _____

What are your weaknesses? _____

Miscellaneous: What specific area(s) would you like to assist your mentee(s)?

ADDITIONAL COMMENTS: _____

Mentor Preferences for Match

School Choice:

Age Range:

Race:

Willing to be matched with youth from a home environment with:

- | | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Substance Abuse |
| <input type="checkbox"/> | Physical Abuse |
| <input type="checkbox"/> | Emotional Abuse |
| <input type="checkbox"/> | Sexual Abuse |
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Tied Together Mentoring Program

TTMP Henry County, GA

Mentor Contract

I, _____, agree to participate in the TTMP Mentoring Program as a volunteer mentor. I understand that as a mentor, I will be matched with a group of no larger than four youths attending between the ages of 10 & 18. It is desired that the Mentoring relationship lasts for a minimum of 4 months. I also understand that the mentor and mentee(s) are expected to interact for at least 8 hours per month, some of which could be over the phone. Tied Together Mentoring Program–Henry County, GA (TTM) staff also has explained that the mentoring sessions can take place in groups in the schools and at location in the community as well as during the structured activities organized by the project.

As a mentor, I will work with the TTMP project to improve the mentee's reading literacy, school attendance, school attachment/pride, self-esteem, character development and hope for the future. I also understand that I will be required to participate in mentor orientation and training sessions. In addition, I agree to provide the TTMP project with information regarding changes in my life that may affect my continued ability and/or eligibility to serve as a mentor. I give TTM the right to conduct additional background checks during my involvement with the TTMP project to ascertain my continued ability to participate.

I understand that TTMP will endeavor to provide me with mentees who could best use my skills, experiences and interests and that I will be responsible for providing TTMP with regular updates on the relationship between myself and the student. I also understand that I have a right to ask for a change or to terminate the relationship with my assigned mentee(s) and/or the organization. However I agree to discuss my decision with both the staff and the mentee(s) and to follow the organization's guidelines in concluding these relationships.

TTMP staff has explained that my interaction with the mentee(s) and their family will be guided by the TTMP project's policies and procedures and that the organization will not take responsibility for activities or agreements between myself and the parent or mentee(s) if these agreements are in violation of those outlined by the organization. I also understand that any continued interaction with the student after the conclusion of the TTMP arranged match will be a separate agreement between myself and the mentee(s) and their family. It has been explained to me that the student is participating at will and is committed to receiving mentorship from an adult and will abide by all program agreements and policies. It is my responsibility as a mentor to alert staff if the student does not abide by these commitments. I understand that although I am not required to report to staff all issues discussed with the student, I am required to bring to TTM's attention matters that may put the mentee(s) in danger.

Please initial each of the following statements if you agree with the terms outlined therein:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that TTMP is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ I certify that I have received a copy of the Mentor Policies and Procedures manual.

_____ I certify that I have not molested/abused a child or been investigated for molesting or abusing a child and that I know of no reason that could prevent me from serving as a mentor for the TTMP Henry County, GA Mentoring project.

_____ I agree to allow TTMP Henry County, GA to use any photographic image of me taken while participating in the mentoring program.

These images may be used in promotions or other related marketing materials.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Mentor Signature _____ **Date** _____

TTMP Staff Signature _____ **Date** _____

**Please return or mail the application and all the items listed above to, Tied Together Mentoring Program
TTMP Henry County Georgia Mentoring Program at info@tiedtogether.info**