



Date:

MENTOR APPLICATION

Thank you for your interest in our Mentoring Program. Please read through this document carefully prior to completing it and contact us at (702) 657-3264, if you have any questions. Core Academy, powered by The Rogers Foundation, will be referred to as "Core Academy" throughout the rest of this documentation.

APPLICANT INFORMATION

Last Name: First Name: M.I.

Street Address: Apt/Unit:

City: State: ZIP Code:

Home Phone: Work Phone:

Email:

Date Available: Gender:

Can you commit to participating in the Core Academy Mentoring Program for a minimum of two (2) years from the time you are matched with a student? YES NO

Are you available to meet with a student at least eight (8) hours per month and have contact at least once per week? YES NO

Have you ever volunteered with Core Academy? YES NO If so, when?

Days/times you would be most available to meet with a student: *Please include any specific scheduling issues below*

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EDUCATION

High School: City / State:

From: To: Did you graduate? YES NO



College: City / State:

From: To: Did you graduate? YES NO

Other: City / State:

From: To: Did you graduate? YES NO N/A

EMPLOYMENT

Company: Phone:

Address:

Job Title: Supervisor:

From: To: May we contact your supervisor for a reference? YES NO

Reason for Leaving:

Company: Phone:

Address:

Job Title: Supervisor:

From: To: May we contact your supervisor for a reference? YES NO

Reason for Leaving:

Company: Phone:

Address:

Job Title: Supervisor:

From: To: May we contact your supervisor for a reference? YES NO

Reason for Leaving:

MILITARY SERVICE

Branch: From: To:

Rank at Discharge: Type of Discharge:

If other than honorable, explain:



APPLICATION QUESTIONS

1. Have you ever been convicted of a felony? If so, what were the circumstances? YES NO

2. Have you ever been arrested or convicted of a misdemeanor? If so, what were the circumstances? YES NO

3. Have you ever used illegal drugs? If so, what substances were used and for how long? YES NO

4. Are you currently using any illegal drugs or controlled substances? YES NO

5. Do you drink alcoholic beverages? If so, what and how often? YES NO

6. Have you ever been convicted of a DUI, driving while under the influence of alcohol? If yes, when and what were the circumstances? YES NO

7. Do you use tobacco products? If so, what and how often? YES NO

8. Have you ever received treatment for alcohol or substance abuse? If yes, please explain. YES NO

9. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain. YES NO



10. Have you ever been investigated for or convicted of sexual abuse? If yes, please explain.

YES NO

11. Are you willing to communicate regularly and openly with programming staff, provide monthly information regarding mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?

YES NO

12. Are you willing to attend an initial mentor training session and additional training as prescribed by the Core Academy staff?

YES NO

13. Do you have any previous experience volunteering or working with youth? If so, please specify.

YES NO

14. Describe your general health. Are you currently under a physician's care, taking any medication, or restricted from any physical activity?

15. Why are you interested in being a mentor to one of the scholars at Core Academy?

16. What qualities, skills, or attributes do you have that you feel would benefit a student, and make you a good fit for the Core Academy Mentoring Program?



17. How would you describe yourself as a person?

18. How would your friends, family, and coworkers describe you?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my participation in the Core Academy Mentoring Program, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:



PERSONAL REFERENCES

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information the Core Academy Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: Relationship:

Street Address: Apt/Unit:

City: State: ZIP Code:

Home Phone: How long known:

Email:

Name: Relationship:

Street Address: Apt/Unit:

City: State: ZIP Code:

Home Phone: How long known:

Email:

Name: Relationship:

Street Address: Apt/Unit:

City: State: ZIP Code:

Home Phone: How long known:

Email:



INFORMATION RELEASE

I, , understand it will be necessary for the Core Academy Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize Core Academy to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for Core Academy to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself may be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful mentoring relationship.

Full Name:

Street Address: Apt/Unit:

City: State: ZIP Code:

Date of Birth: / / Social Security Number: - -

Current Driver's License No. State:

Please list any other cities, states, and dates of residency during the past 10 years.

City	State	From (m/year)	To (m/year)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature: Date:



FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) Core Academy powered by
The Rogers Foundation that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of requesting agency) Core Academy powered by
The Rogers Foundation to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: Last: First: M.I.
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address:

Applicant's Signature: Date:

Submitting Agency: Core Academy, powered by The Rogers Foundation

Address: 701 9th Street, Las Vegas, NV 89101

Agency representative: Joanne Nasby
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: 

Date: 03/03/2017



VOLUNTEER NON-DISCLOSURE OF CONFIDENTIAL INFORMATION

POLICY ACKNOWLEDGEMENT

Any information that a volunteer learns about the Core Academy or its members or donors, as a result of working with Core Academy, that is not otherwise publicly available constitutes confidential information. Volunteers may not disclose confidential information to anyone who is not employed by Core Academy, or to other persons employed by Core Academy who do not need to know such information to assist in rendering services.

The disclosure, distribution, electronic transmission or copying of Core Academy confidential information is prohibited. Any volunteer who discloses confidential Core Academy information will be subject to disciplinary action (including possible separation), even if he or she does not actually benefit from the disclosure of such information.

I understand the above policy and pledge not to disclose confidential information.

Volunteer Name:

Signature:

Date:



APPLICATION SIGNATURE PAGE

Please read this carefully before signing.

Please initial each of the following:

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 Core Academy is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

I understand that all staff, volunteers, and mentors of Core Academy considered mandatory reporters and as such are therefore legally required to report (or cause a report to be made) when abuse of any kind is observed or suspected. I agree to immediately report any abuse or reasonable suspicion of abuse including, physical, sexual, neglect or other types of abuse to an Core Academy staff member and/or the appropriate authorities.

(optional) I agree to allow Core Academy 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.

I understand that I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Mentor Application
- Personal References
- Information Release
- Copy of your valid driver's license and proof of auto insurance
- Fingerprint Background Waiver
- Volunteer Non-Disclosure Agreement
- Application Signature

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

Signature:

Date:

WAYS TO SUBMIT YOUR APPLICATION:

Please note that applications will not be considered until all paperwork has been received.

Option 1: Return your completed application and all items listed above to:

Core Academy
701 S. 9th Street
Las Vegas, NV 89101

Option 2: Save the completed application to your computer. Submit it as an attachment in an email to joanne@coreacademy.org. The copies of your driver's license and proof of insurance can be mailed, or scanned and emailed to the email address shown here.