



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 of Birth: _____

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
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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 |
| <hr/> | | | |
| 2. | Have you ever been arrested or convicted of a misdemeanor? If so, what were the circumstances? | YES | NO |
| <hr/> | | | |
| 3. | Have you ever used illegal drugs? If so, what substances were used and for how long? | YES | NO |
| <hr/> | | | |
| 4. | Are you currently using any illegal drugs or controlled substances? | YES | NO |
| <hr/> | | | |
| 5. | Do you drink alcoholic beverages? If so, what and how often? | YES | NO |
| <hr/> | | | |
| 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 |
| <hr/> | | | |
| 7. | Do you use tobacco products? If so, what and how often? | YES | NO |
| <hr/> | | | |
| 8. | Have you ever received treatment for alcohol or substance abuse? If yes, please explain. | YES | NO |
| <hr/> | | | |
| 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?

APPLICATION BIO

1. What are your favorite foods and snacks?

2. What is your favorite genre of music? What artists do you listen to?

3. What is your favorite genre of movies and TV shows? What are the top movies and shows that you've watched?



4. What is your favorite genre of books? What are the top books that you've read?

5. What was your favorite subject when you were in school?

6. What do you like to do in your spare time?

7. Who do you consider as your role model and why?

8. What personal goals do you have for yourself at this point?

9. If you could travel anywhere in the world, where would you go and why?

10. If a genie could grant you three wishes, what would you wish for?



11. What advice would you give to your 13-year-old-self?

12. Is there anything else we should know about you before considering you for the mentorship program?

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: _____



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 you 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)

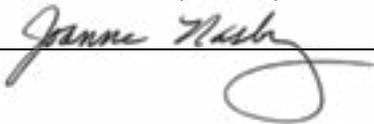
Address: _____

Applicant's Signature: _____ Date: _____

Submitting Agency: Core Academy, powered by The Rogers Foundation

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

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

Agency representative's Signature:  _____
Date: 03/03/2017



VOLUNTEER LIABILITY WAIVER AND RELEASE FORM

This Liability Waiver and Release executed on _____ (date) by _____ (“Volunteer”) releases Core Academy, a nonprofit 501(c)(3) organization organized and existing under the laws of the State of Nevada and each of this directors, officers, employees, volunteers, and agents.

I hereby freely and voluntarily, without duress, execute the Release under the following terms, by initialling next to each term:

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Core Academy and its successors and assignees from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Core Academy. I understand and acknowledge that this Release discharges Core Academy from any liability or claim that I may have against Core Academy with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Core Academy or occurring while I am providing volunteer services.
2. Insurance: Further I understand that Core Academy does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Core Academy beyond what may be offered freely by Core Academy in the event of injury or medical release incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Core Academy from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with the volunteer’s activities with Core Academy.
4. Assumption of Risk: I understand that the services I provide to Core Academy may include activities that may be hazardous to me including, but not limited to, transportation to and from outings, special events, or program sites and participation in program events and activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and release Core Academy from all liability.
5. (OPTIONAL) Photographic Release: I agree to allow Core Academy all right, title, and interest in any and all photographs, images, stories, video, or audio recordings of me made by Core Academy while participating in volunteer services for Core Academy.
6. Other: I understand that the scope of my relationship with Core Academy is limited to a volunteer position and that no compensation is expected in return for services provided by me, the Volunteer. I acknowledge that I am not acting as an employee for Core Academy, that Core Academy will not provide any benefits typically associated with employment to me, and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my volunteer services to Core Academy.

Volunteer Name (printed):

Signature:

Date:



VOLUNTEER NON-DISCLOSURE OF CONFIDENTIAL INFORMATION

POLICY ACKNOWLEDGEMENT

Any information that a volunteer learns about the Core Academy or its members or donors, or Scholars, 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.

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
- Volunteer Liability Waiver and Release
- Volunteer Chaperone/Driver Form
- 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 of the items listed above to:
Core Academy
701 S. 9th Street, Las Vegas, NV 89101

Option 2: Scan your completed application and all of the items listed above, and submit them as attachments in an email to jennifer@coreacademy.org.