

# TIGARD HIGH SCHOOL VOLUNTEER MENTOR APPLICATION

## Personal Information:

Name \_\_\_\_\_  
                    First                    Middle                    Last

Address \_\_\_\_\_  
                    Street                    City                    State                    ZIP

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Occupation \_\_\_\_\_

E-mail address \_\_\_\_\_

Name and grade of student(s) at THS \_\_\_\_\_

## Volunteer Information:

1. What do you feel are the strengths you can bring to this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Write a brief statement on why you are interested in participating in the mentor program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Initial the three statements below:

\_\_\_\_\_ I understand that the mentor program involves committing to meeting at least once with each student on my list their junior year and senior year and many times more than once.

\_\_\_\_\_ I understand that I will be required to complete the mentor program orientation and at least two training sessions during the year usually occurring on Friday mornings.

\_\_\_\_\_ I understand as a mentor I will be expected to become familiar with post secondary choices as well as financial aid, college application process, career exploration and more.

4.  Yes  No Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?

5. Educational Background (mark one):

- College graduate                       Graduate/professional school  
 Some college                               Technical school  
 Other (please specify) \_\_\_\_\_

6. What days of the week are you available to volunteer? (check all that apply):

- Monday     Tuesday     Wednesday     Thursday     Friday

7. Would you be willing to work a 2 hour shift per month in the career center while you call your students out? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please fax to Jill Sims at 503-431-5441  
OR  
email [jsims@ttsd.k12.or.us](mailto:jsims@ttsd.k12.or.us)