



**CLASSROOM MENTOR APPLICATION**

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5.  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?

6. Educational Background (mark one):

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

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

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

8. What is the best time for you to volunteer? \_\_\_\_\_

In making this application to be a volunteer, I understand that Bay District Schools and will follow its standard background check procedures. I certify to the best of my ability that the information provided on this application is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Adapted from materials provided by Mentoring Partnership of Long Island, *The ABC's of Mentoring*, and California Governor's Mentoring Partnership**

***FOR SCHOOL USE ONLY***

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\_\_\_\_\_ ***Background Check (initial)***

\_\_\_\_\_  
***Principal Approval***

\_\_\_\_\_  
***Date***

***NOTES:***