

Henrietta Elementary PAWS Program

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Mentor Application

Full Name _____ Date _____

Gender _____ Race _____ Birth Date _____

Social Security Number _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Work Phone Number _____ E-mail Address _____

Please use the following lines to list all previous addresses, within the past 5 years.

Employer _____ Job Title _____

Can you be contacted at work? _____ Business Hours _____

Length of Employment (with current employer) _____

Education Completed: ___ High School ___ College ___ Other (explain) _____

What motivated you to participate in the Henrietta Elementary PAWS Program?

Can you meet with a child once a week during the school year? _____

Do you have a preference as to:

- the grade level of your PAWS partner? _____
- the gender of your PAWS partner? _____

What do you like to do during your leisure time? _____

To what service or social groups do you belong? _____

Have you ever been convicted of a crime? _____ If so, please explain _____

Please list three references who have known you for more than one year. Print complete names, addresses, telephone numbers, and relationship for three people you authorize us to contact who would evaluate your qualifications as a volunteer.

Please do not include more than one family member.

1) Name _____
Mailing Address _____
City _____ State ____ Zip Code _____
Phone Number _____
Relationship to you _____

2) Name _____
Mailing Address _____
City _____ State ____ Zip Code _____
Phone Number _____
Relationship to you _____

3) Name _____
Mailing Address _____
City _____ State ____ Zip Code _____
Phone Number _____
Relationship to you _____

Mentor Agreement

As a volunteer for the Henrietta Elementary PAWS Program, I agree to the following:

- To attend a training session before beginning.
- To be on time for scheduled meetings.
- To notify the HES office if I am unable to keep my weekly meeting.
- To engage in the relationship with an open mind.
- To accept assistance from my mentee's teacher.
- To keep discussions with my mentee confidential.
- To ask for assistance when I need help with my PAWS partner.
- To notify the HES office of changes in my employment, address, and phone number.
- To undergo a criminal background check and any other records check deemed appropriate by Henrietta ISD.

Signature _____ Date _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

_____/_____/_____
Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

_____/_____/_____
Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Hired _____ Not Hired _____	_____ initial
Date Printed: ____/____/____	_____ initial
Destroyed Date: ____/____/____	_____ initial
Retain in your files	