



Salado Mentors Program Mentor Application

Salado Independent School District
P.O. Box 98
Salado, Texas 76571
254-947-6900

SISD STAFF USE ONLY
Trained by: _____
Date trained: _____
Criminal Background sent

PLEASE PRINT CLEARLY

Name _____
(Last) (First) (Middle Initial)

Home Address _____

City _____ State _____ Zip _____ - _____

Home Phone () _____ E-Mail _____

Name of Employer _____ Address _____

City _____ State _____ Zip _____ - _____

Work Phone () _____ Fax Number () _____

Emergency Contact _____
(Name) (Phone) (Relationship)

How did you hear about the Mentor Program? _____

What skills and interests would you like to share? _____

Are you fluent in a language other than English? Yes No If yes which one(s) _____

When are you available to mentor? Day(s) _____ Time(s) _____

Have you served as a mentor with another program? (circle one) Yes No If yes, when? _____

At what school/program? _____

Please list two personal references (non-family) that have known you for at least one year (include all information requested).

1. Name _____ Work Phone () _____ Home Phone () _____

Address _____ City _____ State _____ Zip _____

Relationship to you _____ How long acquainted? _____

2. Name _____ Work Phone () _____ Home Phone () _____

Address _____ City _____ State _____ Zip _____

Relationship to you _____ How long acquainted? _____

Salado Independent School District appreciates your interest in becoming a mentor and role model to our students. By signing below, you provide authority Salado ISD to verify the personal information you've provided, as well as the criminal history background check. Your signature attests to the truthfulness of all the information listed in this profile.

Signature _____ Date _____

For background check purposes, please provide the following information.

Date of Birth: _____

Drivers License # _____

STAFF USE ONLY
Date CBC sent: _____
By: _____
Date CBC returned: _____