FORT HOOD
MENTORING AND TUTORING PROGRAM
APPLICATION

_____ INDEPENDENT SCHOOL DISTRICT

I AM APPLYING TO BECOME A MENTOR/TUTOR AT _____ SCHOOL
FOR THE SCHOOL YEAR _____ .

1. NAME: _____ _____
(LAST) (FIRST) (M.I.) (RANK/GRADE)

2. MAILING ADDRESS: _____

3. HOME TELEPHONE NUMBER: _____ WORK: _____

4. DATE OF BIRTH: _____

5. CHECK THE CATEGORIES WHICH BEST DESCRIBE YOUR STATUS: ACTIVE DUTY _____ GOVERNMENT EMPLOYEE _____ FAMILY MEMBER _____ RETIREE _____ RETIREE FAMILY MEMBER _____ OTHER _____
WORK TITLE: _____

6. SUPERVISOR/COMMANDER (CURRENT): _____
MILITARY UNIT (IF ACTIVE DUTY)/ACTIVITY: _____
SPONSOR'S UNIT (IF FAMILY MEMBER): _____

7. EDUCATION LEVEL (INCLUDE DEGREE AND MAJOR IF APPLICABLE): _____

8. SPECIAL RELATED EXPERIENCE (PAID WORK OR VOLUNTEER EXPERIENCE AND/OR TRAINING): _____
_____

9. HOBBIES/INTERESTS: _____

10. DAY(S) AND TIME(S) YOU ARE AVAILABLE TO MENTOR/TUTOR:
MON _____ TUE _____ WED _____ THU _____ FRI _____ AM PM

11. DO YOU HAVE YOUR OWN TRANSPORTATION? YES ___ NO ___

12. DO YOU REQUIRE CHILD CARE? YES ___ # OF CHILDREN _____ NO ___

13. DO YOU HAVE ANY DISABILITY THAT WOULD LIMIT YOUR ABILITY TO WORK WITH CHILDREN? IF YES, EXPLAIN:

14. WHY DO YOU WANT TO VOLUNTEER?

15. ARE THERE ANY PARTICULAR INTERESTS OR SKILLS YOU WOULD LIKE TO DEVELOP OR SHARE?

16. REFERENCES: NAME, ADDRESS, AND PHONE NUMBER.

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS.

- I understand that I will be committing myself to the Mentoring/Tutoring Program for the balance of the current school year or until the time comes for me to PCS or ETS. _____
- I understand I will be required to attend an initial orientation and training as scheduled _____
- I understand the Mentoring/Tutoring Program involves about 1 hour each week at a school with an assigned student. _____
- I understand that before my application is accepted, my immediate supervisor/commander (if I am employed/active duty military) must approve my participation and provide a recommendation for my acceptance._____
- I understand that I will not be reimbursed for any costs associated with my participation in the Mentoring/Tutoring Program, unless such reimbursement is specifically authorized._____

CRIMINAL HISTORY STATEMENT

I have been convicted of, charged with or arrested, adjudicated, or am under investigation or pending charges for the following felonies or misdemeanors, to include but not limited to, offenses against a person or family, public indecency, or violations involving alcohol or a state or federally controlled substance, but excluding parking tickets:

OFFENSE	DISPOSITION	PLACE	DATE

* If above does not apply, write "NONE" in blanks.

AUTHORIZATION TO OBTAIN BACKGROUND CLEARANCE INFORMATION

I understand that if I request and am assigned to work with children in unsupervised or off-campus activities, I am subject to a criminal history background check through the Texas Department of Public Safety. My signature on this form is my permission for the school district in which I am applying to make a copy of my driver's license to complete

_____ STATE/ DRIVER'S LICENSE NUMBER

PRIVACY ACT STATEMENT

AUTHORITY: U.S. CODE 3012

PRINCIPLE PURPOSE: To obtain data for records check of the applicant to determine suitability for acceptance in the Fort Hood 2000 Mentoring/Tutoring Program.

ROUTINE USE: Information will be used by the school principal coordinator to determine suitability of the applicant for acceptance into the Fort Hood 2000 Mentoring/Tutoring Program.

DISCLOSURE: VOLUNTARY . Failure to disclose the information may delay acceptance as a Mentor/Tutor or may be grounds for rejection of the application.

_____ (Signature)

_____ (Date)

Thank you for taking the time to complete this application. if you have any questions, please contact the Fort Hood 2000 Office, building 1, Headquarters Avenue, Fort Hood or call 287-7153/8436.