

GENERAL INFORMATION

First Name		Last Name		Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City		State	Zip
Home Phone	Work Phone	Cell Phone		Best contact method: <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Facebook <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Prefer calls in: <input type="checkbox"/> AM <input type="checkbox"/> PM	
E-mail					
Employer Name		Job Title		# of Years with Employer	
Employer Address		City		State	Zip
Are you receiving college credit or participating in the program as part of a college course? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, name of college		Referring Professor	
Have you ever been convicted of a drug charge?		Yes <input type="checkbox"/> No <input type="checkbox"/> Charge: _____			
Have you ever been convicted of a criminal offense?		Yes <input type="checkbox"/> No <input type="checkbox"/> Charge: _____			
Have you ever been convicted of abuse, neglect, or assault?		Yes <input type="checkbox"/> No <input type="checkbox"/> Charge: _____			

Mentoring programs are offered in the following schools. Please check your preference.

I am volunteering as a: ☐ Everyday Heroes Mentor **OR** ☐ USucceed Mentor

Sioux Falls Elementary

- ☐ Anne Sullivan
- ☐ Cleveland
- ☐ Discovery
- ☐ Eugene Field
- ☐ Garfield
- ☐ Harvey Dunn
- ☐ Hawthorne
- ☐ Hayward
- ☐ Horace Mann
- ☐ Jane Addams (ACE/EIC)
- ☐ John F. Kennedy
- ☐ John Harris
- ☐ Laura B. Anderson
- ☐ Laura Wilder
- ☐ Lowell
- ☐ Oscar Howe
- ☐ Renberg
- ☐ R.F. Pettigrew
- ☐ Robert Frost

Rosa Parks

- ☐ Susan B. Anthony
- ☐ Terry Redlin

Sioux Falls Middle

- ☐ Edison
- ☐ George McGovern
- ☐ Memorial
- ☐ Patrick Henry
- ☐ Whittier

Sioux Falls High

- ☐ Roosevelt
- ☐ Lincoln
- ☐ Washington
- ☐ New Tech
- ☐ Axtell /Joe Foss

Baltic

- ☐ Baltic Elem.

Brandon Valley

- ☐ Brandon Elem.
- ☐ Fred Assam Elem.
- ☐ Robert Bennis Elem.
- ☐ Valley Springs Elem.
- ☐ Brandon Intermed.
- ☐ Brandon Valley MS

Canton

- ☐ Lawrence Elem.
- ☐ Canton MS
- ☐ Canton HS

Dell Rapids

- ☐ Dell Rapids Elem.
- ☐ Dell Rapids MS/HS

Garretson

- ☐ Garretson Elem.
- ☐ Garretson MS/HS

Harrisburg

- ☐ Explorer Elem.
- ☐ Endeavor Elem.
- ☐ Freedom Elem.
- ☐ Journey Elem.
- ☐ Liberty Elem.
- ☐ Harrisburg North MS
- ☐ Harrisburg South MS
- ☐ Harrisburg HS

Lennox

- ☐ Lennox Elem.
- ☐ Worthing Elem.
- ☐ LWC MS

Tri-Valley

- ☐ Tri-Valley Elem.
- ☐ Tri-Valley MS
- ☐ Tri-Valley HS

Tea Area

- ☐ Legacy Elementary
- ☐ Frontier Elementary
- ☐ Tea Intermediate
- ☐ Tea Area MS
- ☐ Tea Area HS

West Central

- ☐ Hartford Elem.
- ☐ Humboldt Elem.
- ☐ West Central MS
- ☐ West Central HS

Other

- ☐ Summit Oaks
- ☐ Southeastern

REFERRAL

How did you hear about the LSS Mentor Program? Check as many as apply and describe below.

- | | | | | |
|---------------------------------|--|---|---------------------------------------|--|
| <input type="checkbox"/> School | <input type="checkbox"/> Social Media | <input type="checkbox"/> Attended Event | <input type="checkbox"/> Letter | <input type="checkbox"/> Church |
| <input type="checkbox"/> Work | <input type="checkbox"/> Television | <input type="checkbox"/> United Way | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Volunteer Website |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Current Mentor: _____ | | <input type="checkbox"/> Other: _____ | |

Please provide any additional referral details: _____

1. I prefer to work with a ☐ specific age OR ☐ Any age

☐ Kindergarten (age 5-6)

☐ 3rd Grade (age 8-9)

☐ 6th Grade (age 11-12)

☐ 9th Grade (age 14-15)

☐ 1st Grade (age 6-7)

☐ 4th Grade (age 9-10)

☐ 7th Grade (age 12-13)

☐ 10th Grade (age 15-16)

☐ 2nd Grade (age 7-8)

☐ 5th Grade (age 10-11)

☐ 8th Grade (age 13-14)

☐ 11th or 12th Grade (age 16-18)

2. I am available the following days/times. Unless you're a USucceed mentor, you need to be available for one hour over the lunch hour (11 AM – 1 PM) at least one day:

Monday	Tuesday	Wednesday	Thursday	Friday

3. Please list any other information about yourself you feel would be helpful in matching you with a student. This can include any special hobbies, talents, or interests.

4. Please describe any previous experience working with children.

5. Why are you interested in becoming a mentor?

Please list three non-family references. Please provide complete information to expedite your application.

1. Name	Relationship	Primary Phone	Secondary Phone
Primary Email Address		Secondary Email Address	
2. Name	Relationship	Primary Phone	Secondary Phone
Primary Email Address		Secondary Email Address	
3. Name	Relationship	Primary Phone	Secondary Phone
Primary Email Address		Secondary Email Address	
Emergency contact name		Relationship	Phone
FOR OFFICE USE:	<input type="checkbox"/> CBC: _____	<input type="checkbox"/> FA: _____	<input type="checkbox"/> SORC: _____ <input type="checkbox"/> Ref: _____

Disclosure and Release of Information Authorization

I authorize **Lutheran Social Services of South Dakota** and **First Advantage** a consumer reporting agency, to retrieve information from government agencies and law enforcement agencies at the federal, state (including the Minnesota Bureau of Criminal Apprehension), or county level, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received is limited to criminal history records. I understand that this information may be shared with officials in the school district in which I plan to volunteer

I hereby certify that all the statements and answers set forth on the application form are true and complete to the best of my knowledge, and I understand that if subsequent to my service in the Lutheran Social Services Mentoring Programs any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my service in the Mentor Program.

I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that this release will remain in effect throughout my time with LSS Mentoring Services.

Please print clearly and complete all fields or you may experience a delay in the application process.

Signature	Social Security Number	Today's Date
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Last Name	First Name	Middle Name
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Current Mailing Address	Current City	Current State	Current Zip
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Driver's License No.	State of License	Expires On	Birth Date
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List at least one MAILING ADDRESS in **each** CITY and STATE in which you have lived during the previous 7 years.

List any other LAST NAMES you have used during the previous 7 years.

MENTOR AGREEMENT

Please *initial* where noted to confirm your understanding of the program guidelines. **I, undersigned, hereby state that if accepted as a mentor, I agree to abide by the rules and regulations of the school, the school district and LSS Mentoring Services. I affirm that:**

ALL MENTORS

- _____ The information I have provided in the application may be verified, and I give permission to the school district and Lutheran Social Services of South Dakota to make inquiry of others concerning my suitability to act as a volunteer.
- _____ In the course of volunteering as a mentor, I may be dealing with confidential information, and I agree to keep said information in the strictest confidence. This means that I will not discuss my student's personal problems publicly or with others. If I need help, I will seek the assistance of the school site coordinator or LSS. I understand that this confidentiality does not apply to suspicions I may have about abuse, neglect, illegal activity, or suicide. If these issues arise, I will immediately contact the school or program personnel.
- _____ The relationship between the school district and volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by the volunteer, the school district, or Lutheran Social Services.
- _____ I agree to attend new mentor training.
- _____ I will be a positive role model to my mentee.
- _____ I agree to abide by the policies and guidelines of the mentor program and the school in which I volunteer. I understand that failure to do so may result in termination of the mentoring relationship.

EVERYDAY HEROES MENTORS

- _____ I understand that all mentor activities shall take place during the school day, on school grounds, or at school-sponsored events at which school personnel are in attendance.
- _____ I will visit with my mentee for 30-60 minutes once per week at school, during the regular school day or at school-sanctioned events throughout this school year and any subsequent school year(s) that I participate. In the event that I cannot attend as scheduled, I agree to contact the school in advance of the scheduled meeting.
- _____ I am encouraged to contact the school before a scheduled meeting to verify that the student is in attendance unless the school has specifically indicated that they will contact me.
- _____ I am willing to commit to one school year in the program and will be asked to renew my participation in subsequent years.

USUCCEED MENTORS

- _____ I understand that I will be able to meet in public locations throughout the community.
- _____ I will meet with my student for at least one hour per week or four hours per month throughout the year.
- _____ I will participate in an additional training, submit to additional background screening (fingerprinting, auto insurance, etc).
- _____ I am committing to four school years in the program or until my mentee completes high school.

Signature

Date

LSS Mentoring Services
621 E. Presentation Street, Sioux Falls, SD 57104
FAX: 605-221-2404 | PHONE: 605-221-2403 | EMAIL: mentoring@LssSD.org
www.LssSD.org