



**COACH-A-KID MENTORING PROGRAM
2016-2017 SCHOOL YEAR**

The objectives of "Coach-A-Kid Enid" are to improve academic achievement with a focus on reading and math, to build self-esteem, establish positive relationships, and to help children overcome negative behaviors."

MENTOR INFORMATION

Name _____
(Last Name, First Name, Middle Name, Jr./Sr./Etc.)

Maiden name and previous married last names _____

Home Address _____
(Street, City, State, Zip Code)

Home Phone _____ Work Phone _____

Cell Phone _____ Date of Birth _____

E-mail Address _____

Referred by _____

Place of Employment _____

Job Address _____

Job Title/Occupation _____

Community/Professional Affiliations:

Organization _____ From/To _____

Organization _____ From/To _____

Education: High School _____
(Name/City and State/Year Graduated)

College _____
(Name/City and State/Year Graduated/Degree Earned)

College _____
(Name/City and State/Year Graduated/Degree Earned)

Certification Skills/Trade _____

Special Interest/Hobbies _____

Availability (Please select all that apply.) (If you have desired day & time; please, note below.)

Days of the week: M___ T___ W___ Th___ F___ Mornings___ (Sometime between 8:30 & 11:30)
M___ T___ W___ Th___ F___ Afternoons___ (Sometime between 12 & 3)

Other Information

Male _____ Female _____

Are you bilingual? Yes___ No___ If so, what language(s) _____

Volunteer Background Questionnaire

Student and staff safety is of paramount concern to United Way of Enid & NW Oklahoma, Enid Public Schools, and its Board of Education. Please respond to the following questions truthfully and honestly. Thank you.

Have you ever:

1. Entered a plea of guilty or no contest to a state or federal felony charge? Yes___ No___
2. Been convicted of a state or federal felony offense? Yes___ No___
3. Been charged with a state or federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or no contest? Yes___ No___
4. Entered a plea of guilty or no contest to, or been convicted of, a state or federal misdemeanor charge involving illegal chemical substances or illegal sexual activity? Yes___ No___

Volunteer Background Report Authorization and Release

1. I understand that it is my responsibility to notify United Way of Enid and NW OK (United Way) if there is any change in my above responses. I also understand that my volunteer status is temporary until a background check is satisfactorily completed. Additionally, I agree to complete this form annually.
2. I understand that United Way may conduct inquiries into my background, including a criminal history check. I voluntarily authorize, only to the extent necessary, United Way to complete the background check using the Enid Police Dept. and/or other government agencies or ACCUFAX, a private company contracted by United Way for employee background checks. I release United Way, Enid Public Schools (EPS), or any company or organization contracted, from any liability for conducting such background checks. I authorize United Way to obtain one or more background checks now or in the future, should they deem it appropriate.
3. I understand that I can be accepted or denied as a volunteer with United Way. I understand that it is the policy of United Way to deny volunteer opportunities for individuals who have been convicted of any violent crime against any person and/or who could be a threat to the safety of students and staff.
4. I am offering my services to United Way without compensation and without any rights to health benefits in case of injury.
5. I affirm that my responses are true, complete, and correct to the best of my knowledge and are made in good faith. Refusal to sign and return or giving misinformation on any required form will result in disqualification from consideration.

Signature: _____ Date: _____

Please return this completed form to:

Carla Burdick, United Way of Enid & Northwest Oklahoma, P. O. Box 5828, Enid, OK 73702

Or email to: carla@unitedwayenid.org.

If you have questions, please contact the United Way office at 580.237.0821.

You may begin your volunteer assignment following (1) completion of an orientation session and (2) approval of the appropriate school principal. If there are any problems with your application, the Program Director will notify you.

The information in this application is private and will be shared only with essential United Way and Enid Public Schools' administrative staff. Contact information may also be provided to appropriate teachers and the school counselor. Thank you for your patience throughout this important process. We are extremely grateful for your time. If you have any questions or comments, please contact Carla Burdick at 580.237.0821 or carla@unitedwayenid.org.

United Way of Enid & NW Oklahoma does not discriminate on the basis of race, color, sex/gender, age, national origin, alienage, handicap, or veteran status.

POLICY STATEMENT

PURPOSE:

To clearly define the **mentor's** scope of activity while participating in the "Coach-A-Kid Enid" Mentoring Program.

POLICY:

1. The **mentor** participating in the "Coach-A-Kid Enid" Mentoring Program will always follow all policies and procedures of Enid Public Schools. Additional information (i.e. dress code, evaluations, etc.) will be covered during mentor orientation.
2. The **mentor** will meet with their designated student 30-60 minutes per week and will follow the prescribed educational outline provided by the teacher and /or school principal. **Should a scheduling conflict occur, please call Coach-A-Kid located the United Way office at 580-237-0821 as soon as possible. The program coordinator will notify the school and your student and make every effort to reschedule your mentoring. You are very important to your student. You may be the best and brightest part of their week. Please, make every effort to make up any lost time.**
3. All mentor activities will be scheduled during the school day or during school sponsored activities and functions. Activities with students outside school premises or school functions/activities are not allowed and are not considered part of the mentor program.
4. By signing this document, the **mentor** is declaring that he/she is not required to register pursuant to either the Oklahoma Sex Offenders Registration Act or the Mary Rippy Violent Crime Offenders Registration Act.
5. The **mentor** agrees to volunteer in the "Coach-A-Kid Enid" Mentoring Program for one school year.

I understand and agree to follow the above policy while participating in the "Coach-A-Kid Enid" Mentoring Program.

Please print your name clearly

Signature

Date

"COACH-A-KID ENID" IS A COMMUNITY PARTNERSHIP BETWEEN: ENID PUBLIC SCHOOLS, UNITED WAY OF ENID & NORTHWEST OKLAHOMA, THE EDUCATION COMMITTEE OF THE ENID METROPOLITAN HUMAN SERVICE COMMISSION, THE GREATER ENID CHAMBER OF COMMERCE, AND RED RIVER COMMUNITY CORPS.