

Mentor Application

Office Use Only Fingerprint Background Check							
Date:							
Time:							
Completed:							

Name			
Address			
Street	City	Zip Code	
Phone:			
Home	Cell	Work	
Email address			
Occupation (current and/or f	ormer)		
Current/Former Employer			
Spouse name or other adults	in your household		
License Plate Number(s)			
	s license and insurance card will be kept	in your file.	
Personal References:			
1			
Name	Address	Phone	
2			
Name	Address	Phone	
3			
Name	Address	Phone	

Brown	Crab Orchard	Homestead	Martin	North	Phoenix	Pine View
Pleasan	t Hill Soutl	n Stone	CCHS		SMHS	No Preference
<u>I would</u>	work best with chi	dren/youth in the	e following g	rades:		
	Kindergarten—2nd	l grade	3rd—5th	grade	6th	—8th grade
	High School _	I have no	grade prefer	ence		
	hare with us the ex				oring childrer	n and youth and some
		•	•			prospective mentor to sign
•			•			ne best of my knowledge. I criminal background check
Name (p	rint)					
Signatur	P				Date	

School Choice/s: (please circle all of your choices)

Please email back to director@kidsontherise.org or mail to: Kids On The Rise, 328 Taylor St., Ste. 102, Crossville, TN 38555