



Thank you for your interest in the Basehor-Linwood Mentors program.

Since 1999, our district's mentoring program annually matches adult Mentors and high school junior and senior mentors called "CareCats" with student Mentees (one on one, small groups, or classroom Pre-k through 12th grade). This time-proven strategy helps Basehor-Linwood USD 458 students achieve their full potential. please print the forms attached, complete and sign. Feel free to scan and send to Mrs. Potts (email below). Once received, your application will be confidentially screened by the Basehor-Linwood Mentors Director and background checks will be conducted in the following areas:

- *Criminal
- *Child Abuse and Neglect *Driving
- *Sex Offender Registry

You can also give your application to your school secretary, and it will be sent in district inner-office mail to our BLHS office to begin the application process. Please contact me if you have questions.

Sincerely,

Tammy Potts

Director, Basehor-Linwood Mentors and CareCats

Advisory Council of Mentor Kansas

913-662-7057

tpotts@usd458.org

Check us out on FaceBook and Twitter under Basehor Linwood Mentors and CareCats



Basehor-Linwood Mentors Application (updated 3/26/19)

Date District Received _____ Date Sent to Screening _____

Name _____

_____ Last First Middle

Maiden Name _____ SS# _____

Driver's License # _____ State _____ Birth Date ____/____/____
____/____ MM / DD / YYYY

Current Address _____ City _____ State _____

Zip _____ How long at current address? ____ Years ____ Months

Your addresses over the last five years, prior to your current address: o If same, check here.

Street _____ Apt.# _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ E-

Mail _____ OK to send E-mail to work address? o Yes o No Marital
Status: o Single o Married o Divorced o Widowed

Place of Employment _____ How Long? _____

Occupation _____ Career Field _____

Work Address _____ City _____ State _____

Zip _____

Work Phone (____) _____ Ext. _____ OK to send mail to work address? o Yes o No

Supervisor's Name _____ Phone (____) _____ OK to call at work? o

Yes o No If employed here less than three years, please list previous employer(s) :

Name of Employer _____ How long there?

_____ Street Address _____

City _____ State _____ Zip _____

My work/experience involves: math, engineering, technology, arts and/or science

(health sciences included): o Yes o No



Education: Less than high school High school or GED Vo-tech or college (less than four years)
 Four year college degree or equivalent Advanced degree Field of Study: _____

Preference in placement: Classroom/Small groups, One on One, STEM, or eMentor:

_____ Preference of School and Teacher:

_____ Do you have foreign language skills? Yes No If yes, what language(s) _____ When are you available for volunteer service? Day(s) _____ Time(s) _____

Emergency contact: _____

Name Phone Relationship

How did you hear about **Basehor-Linwood Mentors**? _____

Please list three personal references (two must be non-family) who have known you for at least one year.

Name _____ Phone (____) _____

Relationship to you _____ How long acquainted _____

Name _____ Phone (____) _____

Relationship to you _____ How long acquainted _____

Name _____ Phone (____) _____

Relationship to you _____ How long acquainted _____

Have you ever had a conviction, suspended sentence, diversion agreement or other judgment against you for any matter listed below? Your answers should include any matter resolved on a plea of guilty or nolo contendere (no contest) and any matter expunged, annulled or sealed. 1) Any felony or misdemeanor? Yes No

2) Any municipal ordinance violation? Yes No

3) Any DUI/DWI? Yes No

4) Is your driver's license currently suspended? Yes No

5) Are any felony, misdemeanor or municipal charges currently pending against you or are you currently out on bail or on your own recognizance awaiting trial? Yes No

6) Have there ever been allegations, complaints or reports regarding your involvement in child abuse or neglect (regardless of whether the incident was confirmed or denied)? Yes No

If yes to any of the above, please provide date, description and explanation of each incident on separate paper. Applicant's Authorization and Agreement:

You have my permission to contact my employer. I understand that any omissions or misstatements made by me on this application may be cause for my application to be declined or volunteer placement to be terminated. I understand that all information, including driver's license, criminal background and child abuse/neglect records and sex offender registry, will be verified and may be disclosed to Basehor-Linwood Mentors, and hereby consent to such verification and disclosure. I declare that all the statements I have made on this application are true, correct and complete to the best of my knowledge. I give permission to be re-screened every two to three years per district policy. I understand that Basehor-Linwood Mentors at their sole and complete discretion, may accept or decline this application without providing me any reasons for the decision.

Signature _____ Date _____



Please return completed application, signed and dated, to Basehor-Linwood Mentors Attn: Tammy Potts (or please give to your school secretary to be forwarded to Mrs. Potts) Basehor-Linwood High School 2108 North 155th Street Basehor, Ks 66007 913-662-7057

Standards of Conduct for Basehor-Linwood Mentors and Care Cats

All Mentors and CareCat Mentors are asked to read and sign the following: I understand that I am beginning length of service as a Mentor and/or CareCat Mentor, (with the standard minimum commitment of at least one school year). I understand this means mandatory complete re-screening every two to three years as an Adult Mentor. I understand that it is my responsibility as a Mentor and/or Care Cat to stay in communication and notify Director of any schedule or placement changes if needed. Unless notified, Director will contact annually to schedule as active volunteer, and monitor match through the year. I understand that a Mentor and Mentee match should make an annual commitment with intentions to strive for long-term commitment.

- *Sign in and out properly at each school visit.
- *Wear USD 458 identification at school.
- *Keep all student information confidential, (unless abuse or neglect is suspected then immediately report these concerns to the district coordinator).
- *Telephone or email the school secretary and placement teacher that you will be absent (Contact information is on the USD 458 school website, under each school's staff).
- *Remember that all Basehor-Linwood Mentors and CareCats activities are school-based and on school-grounds during the regular school or extended day; any district exceptions must have written parent permission prior to final approval by principal and/or director.



Do's: Dress appropriately, BUSINESS CASUAL, and speak in a manner conducive of a role model; you are setting an example. (Avoid torn jeans preferably).

Remember that there is a ONE minute attention span per year of life, according to MENTOR studies. For example, the average 6-year-old kindergartener has about a 6 minute attention span.

Support teachers and their ideas. Treat teachers, students, and parents with respect. Realize you are a school visitor whose purpose is to give support to students.

Exhibit behavior supportive of all ethnic/racial groups.

Consult with the teacher, principal or district coordinator if problems occur.

Volunteers should minimize physical contact with students and always stay out of the "strike zone" (from shoulders to knees). Student interaction should not be in private.

Limit physical contact to accepted gesture of greeting, guidance and praise, such as shaking hands, high fives or side hugs (public, direct hugs given only if student initiates).

If the placement teacher, principal and/or director approves - the volunteer can participate in a student goal/reward system (bringing and sharing a Mentor/Mentee lunch, etc, or with written parent permission, participating in a special activity).

Don'ts: No sexual or romantic advance, contact or relationship is allowed, even if apparently "consensual" or initiated by a student; including any inappropriate communication through text, social networks/internet sites, phone or computer applications, email or telephone.

No use of profanity or exhibiting displays of violence or threats of violence in the presence of students.

Weapons are not allowed on school grounds.

No illegal activities with students, including, but not limited to providing alcohol, tobacco or drugs to students.

Volunteers may not attempt to influence or persuade students on religious or political matters.

Volunteers are to avoid giving expensive gifts or lending money to students.

Volunteers do not make negative remarks about their teachers or students to others. Uphold confidentiality.

Volunteers may not transport students; any exceptions must follow school district guidelines and have principal and/or director advance approval.

Avoid use of cell phones in placement school, avoid texting (especially while driving to or from placement), and avoid taking pictures of any students without confirming FERPA privacy release consent with school secretary/teacher or liaison. No earbuds in ears or around neck in sight.

(Signature) I have read the above and agree to follow these standards.



KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
 Child Abuse and Neglect Central Registry
 P.O. Box 2637 • Topeka, KS 66601 • DCF.CentralRegistry@ks.gov

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Release of Information

Complete form by printing legibly in ink. Fee of \$10.00 per Release of Information form may be required prior to processing.

All releases and fees are to be sent to the address or email listed above (see below for specifics)

CONFIDENTIALITY: *Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.*

Contact Person: _____ Agency/Org.: _____
 Phone #: _____ Address: _____
 Email: _____ City/State/Zip: _____

Return Results by: Encrypted email (list if different than above): _____ Postal Mail

Payment/Account Information (check box which applies)

<input type="checkbox"/> <i>Fee included</i>	\$10 per request. Check, Money Order (payable to DCF) or cash. Postal mail only.
<input type="checkbox"/> <i>Online Payment*</i>	www.dcf.ks.gov – ‘Online DCF Payments’ icon at bottom of page. Submit receipt with ROI form(s).
<input type="checkbox"/> <i>Pre-Pay Account*</i>	Agency/Org. has Pre-Pay Account. FEIN: _____
<input type="checkbox"/> <i>Mentoring Account*</i>	As listed in the Kansas Mentors' Partner Directory. http://mentorkansas.org/Find-a-Program
<input type="checkbox"/> <i>Exempt*</i>	No fee for State government agencies (Sub-contracting agencies not included).

*Release of Information forms may be submitted via email to DCF.CentralRegistry@ks.gov

APPLICANT: *Instructions: PRINT CLEARLY. All requested information is required for processing. Incomplete or illegible information will result in processing delays for the Release of Information. Use 'N/A' rather than leaving a space blank.*

FIRST, MIDDLE, LAST NAME: _____

I give permission for the release of any of my information in the Child Abuse/Neglect Central Registry to the contact listed above. I understand the information released is for their exclusive and confidential use: Yes No
This organization/person/agency may check my information each year I am employed or associated with them: Yes No

OTHER NAMES USED: (Any/all aliases, married, maiden, nicknames, etc. 'N/A' if none used.): _____

DATE OF BIRTH: _____ **RACE:** _____

SOCIAL SECURITY #: _____ **GENDER:** Male Female

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ **EMAIL:** _____

SIGNATURE: _____ **DATE:** _____

DCF ONLY:	MATCH	CLEARED
	<p><i>This applicant is listed in the Child Abuse/Neglect Central Registry.</i></p> <p><i>Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.</i></p> <p>(see attached document for more info.)</p>	