



# **Brule Elementary Mentoring Program**

**(Mentor Packet)**

## STATEMENT OF PURPOSE

The purpose of the Brule Elementary Mentoring Program is to provide students at Brule positive role models in the community and to also help to provide experiences that make a difference.

### **Mentor :**

The role of the *Mentor* is

- To serve as a role model.
- To support and encourage mentees.
- To maintain confidentiality regarding all aspects of the mentoring program, including students information.

### **Mentee :**

The role of the *Mentee* is

- To be respectful to your mentor.
- Have a positive attitude

### **Considerations for Selection of Mentors:**

- Must fill out and pass a district background check
- Attend Informational Meeting
- Attend Beginning of Year Meet and Greet
- Commit to meeting with your student at least once a month for 30 minutes
- Attend End of Year Banquet
- Administrative discretion

### **2019-2020 Schedule (specific dates will be given at Mentor Informational Meeting)**

August 2019 - Mentor Application Period/Mentee Questionnaire Turn in Period

September 2019 - Mentor Informational Meeting

October 2019 - Beginning of Year Meet and Greet (mentors, mentees, and parents @ Brule)

October 2019- April 2019 - Mentor & Mentee Meetings (Mentors meet with Mentees at least once a month for 30 min)

April 2019- End of Year Banquet (mentors, mentees, and parents @ Brule)

### **Types of Activities Mentors can do (not a complete list):**

- Read to your student
- Eat lunch with your student
- Help student with homework
- Character education conversations

Please submit all documents to Vanikin Leggett, Brule Elementary Principal

[leggett@navasotaisd.org](mailto:leggett@navasotaisd.org) 936-825-4275

## Mentor Application

\*Must be an approved Volunteer for NISD\*

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ Circle one : Text/Call/Both

Email: \_\_\_\_\_

Briefly describe why you would like to be a mentor:

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What would a successful Mentor/Mentee relationship look like to you?

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Have you participated in a mentor program before? YES/NO

To confirm your understanding of the commitment, requirements and expectations of the Brule Mentorship Program, please indicate if you are able to fulfill the following commitments of the Program?

### **Mentor Program Commitments:**

**YES/NO**

- |  |       |
|--|-------|
| → Attend mentor informational meeting  | _____ |
| → Attend beginning of year Meet and Greet                                      | _____ |
| → Meet with mentee at least one time per month from October 2019 to April 2020 | _____ |
| → Attend end of year banquet   | _____ |

Questions:

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Administration  
705 E. Washington Ave.  
Navasota, Texas 77868  
Ph. 936.825.4200 • Fax. 936-825-4297  
[www.navasotaisd.org](http://www.navasotaisd.org)

*Learning...Leading...Succeeding*  
Dr. Stu Musick, Superintendent

### Parent Volunteer Application Form

Forms must be complete and printed legibly two weeks prior to your event for us  
to complete the process.

New form must be complete each year (Aug-July)

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|           |            |             |
|-----------|------------|-------------|
| Last name | First name | Middle name |
|-----------|------------|-------------|

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|               |       |
|---------------|-------|
| Email address | Phone |
|---------------|-------|

Check all that apply:

Volunteer for Field Trip only \_\_\_\_\_ Campus Volunteer \_\_\_\_\_

Booster/Organization Volunteer \_\_\_\_\_

**Criminal History Authorization Information:**

In accordance with Texas Education Code §22.0831 – §22.0836 and Board Policy DBAA (LEGAL) certified employees, noncertified employees, substitute teachers, student teachers, employees of shared services arrangements, volunteers, and certain employees of school district contractors are subject to some form of criminal history review. Certain employees, volunteers, and contractors require fingerprinting while others require only a name-based criminal history review. Individuals that have the name based review must fill out the district's criminal history authorization form. I understand the information provided will be used for the purpose of obtaining criminal history record information below only and will not affect employment or volunteer opportunities. Additional information about criminal background checks can be found in district policy.

\_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_ Date of Birth  
Social Security Number

\_\_\_\_\_ Ethnicity (AA, Amer.Ind., W, H, Asian, Other)  
City, County, State of Birth

\_\_\_\_\_ Issuing State \_\_\_\_\_ Expiration date  
Driver's License Number or State ID

Any other name used including maiden: \_\_\_\_\_

List all other states or countries in which you have lived the past 10 years: (city, county, state, and/or country)

\_\_\_\_\_

Name and contact information will be shared with non-district employees coordinating our volunteers.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature

\*\*\*This page will be shredded upon completion of your background check.

**DPS Computerized Criminal History (CCH) Verification**  
**(AGENCY COPY)**

I, \_\_\_\_\_, acknowledge that a Computerized

Criminal APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

Date: \_\_\_\_\_

Agency Name: Navasota ISD

\_\_\_\_\_  
Signature of Agency Representative (R. Munoz)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Agency Representative (Jeff Dyer)

Date: \_\_\_\_\_

|   |                      |             |
|---|----------------------|-------------|
| <b>PLEASE</b>                           |                      |             |
| Check and initial each applicable space |                      |             |
| CCH Report Printed:                     |                      |             |
| ___ Yes                                 | ___ No               | ___ Initial |
| Purpose of CCH: _____                   |                      |             |
| Empl. _____                             | Vol/Contractor _____ | ___ Initial |
| Date Printed: _____                     |                      | ___ Initial |
| Destroyed Date: _____                   |                      | ___ Initial |
| <b>Retain in your files.</b>            |                      |             |

(Revised 7/2019)