



Mailing Address: 2111 Hairy Man Road, Round Rock, Texas 78681

Phone: 512-238 8271 Fax: 512-246 9183

Website: www.thevoicerr.com

Email: info@thevoicerr.com

Dear mentor applicants,

Thank you for your interest to apply to be a mentor in the public school. Please read the instruction carefully before you begin the process. Attached please find the mentor application packet:

1. ***“The Voice”*** Mentor application form
2. ***“The Voice”*** authorization background check
3. ***“The Voice”*** Volunteer Job Description

If you are retrieving the forms from the website, save the file on your computer first and then type in all the required information. After you have done that, print a copy of the document and sign on every page that requires your signature and make sure your documents are dated in the required fields. Incomplete forms will be returned to the applicant and will not be processed until all the information is received.

Once you have completed ***“The Voice”*** application forms, visit <https://hrsapp.roundrockisd.org/appentry/> to complete an application form by the Round Rock Independent School District (RRISD). This procedure is required by RRISD for all who wants to serve as mentors in the school district.

IMPORTANT NOTE: *Upon completion of the RRISD online application, please print a copy of the document before you close the page. This printed copy has to be submitted together with ***“The Voice”*** mentor application packet as **indicated in the above letter** and return to:*

“The Voice” Inc.

2111 Hairy Man Road

Round Rock, Texas 78681

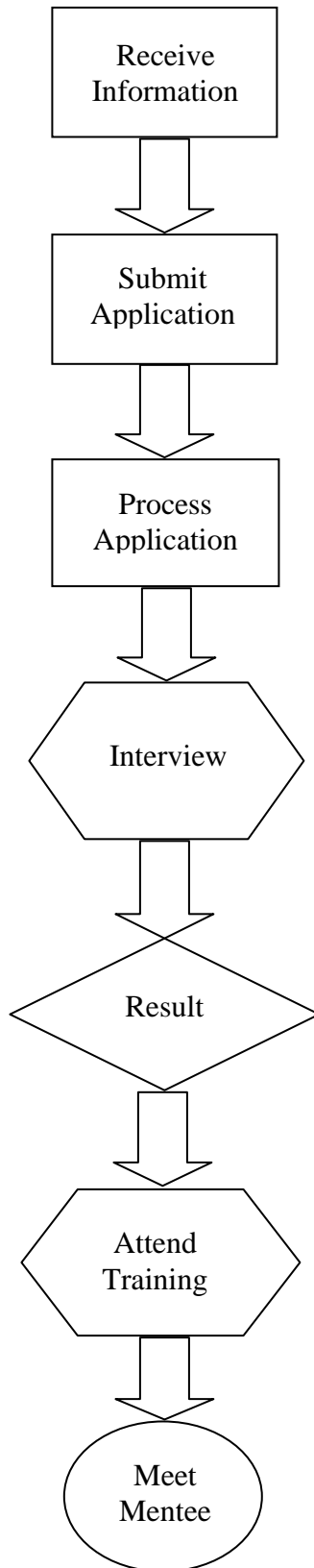
“The Voice” will conduct our own mentor training program. You will be notified by one of our Mentor Coordinators regarding your status as a mentor as soon as we complete the administration process.

If you have any question regarding your application, do not hesitate to contact the administrative office at 512-238-8271. Alternatively you can email the office at info@thevoicerr.com

Thank you!

“The Voice” Administration Office

“The Voice” Mentor Application Process





Mentor Application

Please type or print clearly

*Name: (Last)	*(First)	*(Middle Initial)
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Employment

Profession:	Job title:	
Employer:	Supervisor Name/Title:	
Employer Address:		
City:	State:	Zip:
Work Phone:	Home/Cell Phone:	E-mail:

Education

High School	Name & Location:
	Graduation Date: (month/year) GED: (date)
University/College	Name & Location:
	Major: Dates attended: Degree:
Graduate School	Name & Location:
	Field: Dates attended: Degree:
Trade School	Name & Location:
	Field: Dates attended: Diploma/Degree:
Military Service	Branch, rank, dates of service:

History of Working with Youth

Have you ever worked as a mentor? Yes No
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If yes, briefly describe your experience, responsibilities, and group with whom you worked.

To what extent do you feel comfortable talking to others individually about the following?

	Very	Somewhat	Slightly	Not at all
A) Academic Skills				
B) College Planning				
C) Career Planning/Job Preparation				
D) Personal Issues				

General Information

Hobbies, favorite recreational activities: Please check all that apply			
Computers/Video Games	Museums	Attending Plays	Sports (general)
Cooking/Eating Out	Music (general)	Reading	Basketball
Drawing/Painting	Dancing	Writing	Football
Movies	Listening to music	Shopping	Tennis
	Playing music		Working out
Other (please specify) _____			
Why do you want to be a mentor?			
Languages you speak other than English:			
Do you have at least two hours per month to devote to this program? Yes No			

List the names and daytime phone numbers of one personal and two professional references.

Name _____	Telephone _____
Name _____	Telephone _____
Name _____	Telephone _____
Name _____	Telephone _____

Photo Release

I, _____ (Print name) understand that by signing this application I consent to the use of my name, likeness and speech in any audiotape, videotape, film, photograph, electronic transmission or display made during the course of the mentoring program for any business purposes.

I certify that the above responses are true to the best of my knowledge.

Signature

Date

FOR OFFICE USE ONLY (Initials of recording staff person must accompany each entry)

Application Rec'd.	Entered in Dbase	Training Date



“The Voice” Non-profit organization

Volunteer Authorization for Release of Background Information

In connection with my application for volunteer service with “The Voice,” I authorize “The Voice” and, or, ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that “The Voice” may conduct inquiries into my background that may include criminal records, motor vehicle records, personal references and other public records pertaining to me.

I, _____ (Print full legal name) authorize without any reservation, any person, agency, or other entity contacted by “The Voice” or ACCUFAX Div., Southvest Inc., their agent for purposes of obtaining background record information, to furnish the above-mentioned at anytime during the course of my volunteer at “The Voice.”

I, _____ (Print full legal name) release “The Voice,” their respective employees or ACCUFAX Div., Southvest Inc. their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liabilities arising out of furnishing any such information or reports.

Requested by: 512-238-8271

PLEASE PRINT INFORMATION BELOW

FULL LEGAL NAME _____ DOB _____

OTHER NAMES USED _____ SS _____

DRIVERS LIC # _____ STATE ISSUED _____

Please note: If your address is a rural route, or post office box, we must have City & County where mail was delivered

Current Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

Previous Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

Previous Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

SIGNATURE _____ **DATE** _____

LIST ALL CITY/STATES RESIDED AT SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:



Volunteer Job Description

Job Title	School-based Mentor
Department	Public Schools Outreach
Program(s)	School-based Mentoring
Objective	To build and cultivate a relationship with an assigned group of youngsters through a variety of activities that promote academic achievement, character development and the prevention of substance use, violence, pre-marital sex and school dropout.
Duties/Responsibilities	<ol style="list-style-type: none">a) Set goals: The mentor will work with the students to develop long-range goals for the students' academic and personal life.b) Be a role model: The mentor will be a role model to the student, demonstrating attitudes and qualities of effective mentoring such as punctuality, dependability and trust.c) Plan and participate in activities: The mentor will plan and implement activities that create a sense of belonging.d) Be a friend: The mentor will have realistic goals and expectations; have fun together; give youth a voice and choice in deciding on activities; be positive; allow students to select discussion topics; listen; respect the trust the youth places in you; remember your relationship is with the youth and not the youth's parent; and remember you are responsible for building the relationship.e) Assist with academic assignments: The mentor can check homework, assist with test preparation, make suggestions about research and tutor the student, if materials are provided by the teacher.f) Encourage students to set goals and stay in school: The mentor will help students appreciate the importance of education, both personally and professionally.g) Cooperate with staff: The mentor will share with staff areas of concern with volunteers, program(s) and participants; assist with record keeping and the documentation of program activities; and help monitor and evaluate the effectiveness of program(s); and performs all other duties assigned by Mentor Coordinators.<ul style="list-style-type: none">▪ A High School Diploma or GED▪ Demonstrated experience and skills working directly with children, youth, parents and community groups▪ Excellent written, verbal and communication skills▪ Demonstrated experience in handling sensitive and confidential information and materials▪ Demonstrated ability to work with at-risk students
Qualifications	
Reports To	Mentor Coordinators
Commitment Required	One Year.
Benefits	Excellent references are possible.

Signature: _____ Date: _____/_____/_____