



## PARTNERS for SCHOOLS

### Mentor Commitment:

- A minimum of 1 school year commitment.
- 1 hour per week, meeting with a student, one-to-one.
- During school class hours on the high school or middle school campus.
- 90 minute Orientation.
- Additional trainings will be available during the school year.
- Ongoing support will be available to mentors on a weekly basis as needed.
- Weekly written updates are given to the mentor coordinator by mentors.

### Here are your next steps if you want to participate:

**Please complete the application and return to:**

Lisa Reynolds, 1201 Bradley Rd., Lynden, WA 98264 OR  
email to [reynoldsl@lynden.wednet.edu](mailto:reynoldsl@lynden.wednet.edu)

### What happens next?

- A background check will be completed & your references called.
- You will attend a 90 minute orientation.
- The mentor coordinator will interview you to get a better idea of your background and interests. Your best meeting times will be established.
- The mentor coordinator will seek to find a student who is a perfect match for you. You will be informed about the student & given an opportunity to say yes or no. An initial meeting will occur. If both you and the mentee are satisfied with the match the fun will begin!

**New Mentor Orientation: brand new mentors; 90 minutes; one-time training;** turn in application in advance or bring it with you. Open to new applicants as well as those who are just checking out the program and considering whether or not they want to apply. Orientation will be in the LHS Counseling Office Conference Room.

Monday, 9/25/17 12:00 pm – 1:30 pm

Wednesday, 9/27/17 9:00 am – 10:30 am

Tuesday, 10/10/17 11:00 am – 12:30 pm

Friday, 10/12/17 8:00 am – 8:30 am

Alternate times may be available upon request; contact mentor coordinator

**On-going Mentor Equipping: 4 sessions per year; open to all mentors.** Learn new skills, hear from guest speakers, share mentor success stories, ask questions.

Monday, 10/23/17 6:30 pm-8:00 pm or Tuesday, 10/24/17 8:30 am-10:00 am

Monday, 11/13/17 6:30 pm-8:00 pm or Tuesday, 11/14/17 8:30 am-10:00 am

Monday, 2/12/18 6:30 pm-8:00pm or Tuesday, 2/13/18 8:30 am-10:00 am

Monday, 3/12/18 6:30 pm-8:00 pm or Tuesday, 3/13/18 8:30 am-10:00 am

### Nancy McHarness

Partners For Schools-Director  
[betheone@partnersforschools.org](mailto:betheone@partnersforschools.org)  
360-305-9568

### Lisa Reynolds

Community Mentor Coordinator  
[reynoldsl@lynden.wednet.edu](mailto:reynoldsl@lynden.wednet.edu)  
360-354-4401X5295



*Lynden School District*

**APPLICANT DISCLOSURE STATEMENT**

Pursuant to the requirements of RCW 43.43.834, Lynden School District must ask you to complete the following Applicant Disclosure Statement. This information will be kept confidential. Please answer fully and accurately.

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Note Lynden School\_District will confirm your answers to these questions by:

- 1) Running a Washington State Patrol check for criminal convictions;
- 2) Searching the Washington Courts database for civil adjudications as listed below; and,
- 3) [Healthcare only] For licensed personnel, checking the Department of Health credentials database for disciplinary actions.

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon request.

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1. Have you ever been convicted of a crime?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If "yes," please identify the offense(s), provide the date(s) of the conviction(s), the name of the court(s), (e.g., King County Superior Court) and the sentence(s) imposed.

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2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or vulnerable adult in any civil adjudicative proceeding? Civil adjudicative proceeding includes judicial or administrative proceedings as well as findings by DSHS or the Department of Health that you have not administratively challenged or appealed.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s), and the penalty(ies) imposed.

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I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if hired, my employment is conditioned on satisfactory results of the background checks listed above. I have signed this Disclosure Statement on the date shown below at \_\_\_\_\_, Washington.

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

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

# WASHINGTON STATE PATROL



Identification and Criminal History Section  
PO Box 42633, Olympia WA 98504-2633

## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

<b>(A) REQUESTING AGENCY/ADDRESS</b> <hr/> <b>Lynden School District</b> <small>Agency</small> <hr/> <b>Heather Lenssen</b> <small>Attn</small> <hr/> <b>1203 Bradley Rd</b> <small>Address</small> <hr/> <b>Lynden, WA 98264</b> <small>City/State/Zip</small> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p>I certify this request is made pursuant to and for the purpose indicated.</p><hr/><p><small>Authorized Signature</small> _____ <small>Date</small> _____</p><hr/><p><small>Title</small> _____ <small>( )</small> _____ <small>Area Code/Phone Number</small></p></div>	<b>(B) PURPOSE</b> Check appropriate box  <input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee <input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's) <input type="checkbox"/> Profit Business/Organization - \$17 <input type="checkbox"/> Adoptive Parent - \$17 <input type="checkbox"/> Receive background results electronically Email address _____ Password _____ (must be at least 8 characters) <b>Fees: Make payable to Washington State Patrol by check, money order, or business account.</b>  <b>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</b>  _____ <b>Notarized Letter(s)</b>
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**(C) APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)**  
Applicant's Name: \_\_\_\_\_  

LastFirstMiddle

Alias/Maiden Name(s): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year  
**Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.****(D) WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**  
As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.  

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Requesting Agency  

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Applicant's Signature  

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Applicant's Name  

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Address  

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City/State/Zip