

A Lynden Community Mentor Program

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

<mark>return to:</mark>

Lisa Reynolds, 1201 Bradley Rd., Lynden, WA 98264

OR

email to

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. <u>Orientation will be in the LHS Counseling Office Conference Room.</u>

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, 10/13/17 8:00 am – 9:30 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-8:00 pm 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 360-305-9568 Lisa Reynolds Community Mentor Coordinator reynoldsl@lynden.wednet.edu 360-354-4401X5295

BeTheOneToday.org



Lynden School District No. 504

1203 Bradley Rd. Lynden, WA 98264 (360) 354-4443 FAX (306) 354-7662

VOLUNTEER APPLICATION

Name:				
	(Last)	(First)	(M	I)
PRESENT ADDRESS:				
	(Street)	(City)	(State)	(Zip)
Phone:		CELL PHONE:		
E-MAIL ADDRESS:				
STUDENT NAME(S):				
Position(s) volunteeri	NG FOR:			
FIRST EXPECTED DATE TO	VOLUNTEER:			
Building(s):				
List any special training	, experience or skills you	feel would enhance the schoc	ol and students:	

CURRENT OR MOST RECENT EMPLOYER:

Name and Address of Employer	Position Held	Area Code/Phone Number	Date to – From

REFERENCES:

NAME AND OCCUPATION	Street, City, State, Zip	Area Code/Phone Number (Daytime/nighttime)	Relationship

I authorize Lynden School District to conduct a background check through the Washington State Patrol for volunteer purposes. I further authorize any current or former employer, person, firm, or agency to provide Lynden School District with information they have regarding me. I hereby release and discharge Lynden School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that falsification of any part of this application shall be sufficient for terminating the volunteer position.

Applicant's Signature: _____ Date:_____

PRINCIPAL'S SIGNATURE: DATE:

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.

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.

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.

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.

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:

10/28/2008

WASHINGTON ST	
Identification and Crimina PO Box 42633, Olympia	
REQUEST FOR CRIMINAL HI CHILD/ADULT ABUSE IN RCW 43.43.830 THRC	FORMATION ACT
REQUESTING AGENCY/ADDRESS Lynden School District Agency Heather Lenssen Attn 1203 Bradley Rd Address Lynden, WA 98264 City/State/Zip I certify this request is made pursuant to and for the purpose indicated. Authorized Signature Date	PURPOSE Check appropriate box Educational School District (ESD)/School District Volunteer – no fee Non-Profit Business/Organization – no fee (Excluding Schools & ESD's) Profit Business/Organization - \$17 Adoptive Parent - \$17 Receive background results electronically Email address Password(must be at least 8 characters) Fees: Make payable to Washington State Patrol by check, money order, or business account. Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal
APPLICANT OF INQUIRY (Please provide as much Info Applicant's Name:	
Last First Alias/Maiden Name(s):	Middle
Date of Birth: Sex:	Race:
Month/Day/Year Secondary dissemination of this criminal history record information	menones is prohibited unless in compliance with statute
WASHINGTON STATE PATROL IDENTIFICATI As of this date, the applicant named below has no record pursua	ON & CRIMINAL HISTORY SECTION
Requesting Agency	
Applicant's Signature	
Applicant's Name	
Address	
A001035	
City/State/Zip	