

THE MENTORS PROJECT OF BIBB COUNTY

The Education Committee of the Greater Macon Chamber of Commerce initiated the Mentors Project in 1990, and it is now a separate, non-profit agency governed by a board of directors. The pilot program began at Southeast High School.

Encouraging stories about mentor / protégé pairs at Southeast prompted the further expansion of the program to Central, Southwest, Westside Northeast High Schools respectively. In 1996, two middle schools, Miller and Appling, joined the program, followed by Weaver in 1999. The Hutchings Career Center joined the program in 2002. Rutland Middle School and Rutland High School joined the program in 2003. Howard Middle School joined the program in 2004. Over the past few years, the program has grown from a handful of mentors in one school to more than 300 in fourteen schools.

2010 marked the 20th anniversary for the Mentors Project and 15 of the 31 Mentors Project high school 2010 graduates are currently attending college.

Mentors spend a minimum of 4 hours per month with a Bibb County public middle or high school student to encourage and motivate their protégé to reach their full potential. Mentors also expose their protege to positive activities they might not otherwise experience, as well as steer them away from negative peer pressures. Unlike many other programs, the Mentors Project is unique in that mentors stay with their protege for more than one school year. In fact, they follow their protégé through high school graduation to ensure that their protégé graduates with a post-secondary plan in mind. This long-term commitment prevents students from reverting back to negative behaviors if their mentor moves on.

The need for this program in our community is great. Thirty six percent of freshmen in the Bibb County public schools do not graduate with their class due to dropping out or falling behind.

The Mentors Project has been successful in steering students away from drugs, crime, and dropping out of school. In addition, students mention that mentors have helped them to control their temper, get along better with family members and teachers, and improve their social skills, grooming habits, and overall outlook on the future. Hopelessness, low self-esteem, and despair are replaced with hopefulness and a desire for a better future. Nearly 100 percent of the protégés who graduate from high school with an active mentor will attend a post-secondary institution and become productive members of the community.

MENTORS APPLICATION

Complete and return to:

Tracy Martin Allen
The Mentors Project of Bibb County
P.O. Box 13750
Macon, GA 31208
(478) 765-8624

School	:	_____
RS	:	_____
Interviewed	:	_____
References	:	_____
Oriented	:	_____
OFFICE USE ONLY		

Name _____
Last First Middle

Soc. Sec. No. _____ Birth date _____ Race _____ Sex _____

Home Address _____
No. and Street Box No. City State Zip

Home Phone _____ Email Address _____

Cell Phone _____

Present Marital Status? Married _____ Single _____ Divorced _____

EMPLOYMENT

Currently Employed _____ Not Currently Employed _____ Retired _____

Name of Employer Address Phone Number

Name of Immediate Supervisor _____

Job Title / Previous Business Experience _____

Educational/ Special Training _____

Hobbies and Interests _____

REFERENCES

Please write the names and COMPLETE ADDRESS OF THREE INDIVIDUALS other than employer and relatives who have known you for at least five years.

Name Street Address or Box No. City State Zip Phone Number

COMMENTS

Briefly, why would you like to participate in The Mentors Project? _____

Do you have a preference to work with a student with a particular profile, characteristics, or interest? If so, please elaborate; _____

How did you hear about The Mentors Project? _____

Do you have a school preference?

Middle Schools: Appling _____ Rutland _____ Miller _____ Weaver _____
 Howard _____ Ballard-Hudson _____

High Schools: Central _____ Northeast _____ Westside _____ Rutland _____
 Southwest _____ Howard _____

Do you have a grade preference?

Middle School Student ___ High School Freshman ___ High School Sophomore ___ High School Junior ___
High School Senior _____

Information given in this application will be used exclusively for The Mentors Project of Bibb County, Inc. I consent to the release of this information for verification purposes and certify that the information provided on this application is correct and complete to the best of my knowledge.

I HEREBY ACKNOWLEDGE AND AGREE THAT THE MENTORS PROJECT OF BIBB COUNTY, INC. MAY AT ITS SOLE DISCRETION ELECT TO TERMINATE ANY MATCH BETWEEN MYSELF AND A PROTÉGÉ FOR ANY REASON WHATSOEVER WITHOUT GIVING ME ANY EXPLANATION FOR SUCH TERMINATION. I VOLUNTEER TO WORK WITH MY PROTÉGÉ A MINIMUM OF 4 HOURS PER MONTH.

INAPPROPRIATE CONDUCT OR BEHAVIOR INVOLVING A MENTOR AND A PROTEGE WILL BE CAUSE FOR IMMEDIATE TERMINATION OF THE RELATIONSHIP OF MENTOR AND PROTÉGÉ.

Signature _____

Date _____

Mentor Interview Form
The Mentors Project of Bibb County, Inc

MENTOR _____ INTERVIEWER _____

DATE _____ TIME _____

The purpose of the interview is to determine additional information about volunteer mentors that will help in screening them and in matching them with the most appropriate student.

1. Why would you like to be a mentor?

2. Have you ever had a mentor? If so, what kinds of things did that person do for you?

3. What type of family background did you come from? (size of family, type of parents, any unusual experiences growing up)

4. Have you done any other type of volunteer work? Any with teenagers? (church, volunteer activities, own children, etc.)

5. What were your favorite and least favorite subjects in high school?

6. What kinds of extracurricular activities were you involved in as a high school student?

7. Describe some characteristics of your personality (good listening, organized, personable, punctual, follow through with plans, etc.) or life experiences you have had that would help you be a good mentor.

8. Would you prefer a student with any particular characteristics? (Academic interests, career interests, family situations, personality traits?)

MEMORANDUM

TO: MENTOR REFERENCES

FROM: TRACY ALLEN, EXECUTIVE DIRECTOR

SUBJECT: MENTOR REFERENCE CHECK

The individual listed below has named you as a reference. He/she has applied to be a volunteer for a middle or high school student in one of the Bibb County public schools. The mentor gives his/her protégé academic and social direction. The mentor/role model guides, advises, encourages and motivates his/her protégé to finish high school at his/her full potential and helps him/her to develop a plan for the future. In addition, the mentor builds the students' confidence and self-esteem.

Please take a few minutes to complete the questions below. This will help us screen and match the prospective mentor with the most appropriate student.

Thank you for helping us find quality mentors for our program.

Name of prospective mentor _____

1. How long have you known the prospective mentor?

2. How do you know this person? (friend, coworker, employer, etc.)

3. Please describe his/her character and/or list personality traits he/she possesses (i.e. organized, good listener, punctual, personable, etc.)

4. Would you recommend this person to be a volunteer mentor? Yes ___ No ___

Why or why not? _____

SIGNATURE _____

DATE _____

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1. How long have you known the prospective mentor?

2. How do you know this person? (friend, coworker, employer, etc.)

3. Please describe his/her character and/or list personality traits he/she possesses (i.e. organized, good listener, punctual, personable, etc.)

4. Would you recommend this person to be a volunteer mentor? Yes ___ No ___

Why or why not? _____

SIGNATURE _____

DATE _____

Release and Waiver

The Mentors Project of Bibb County

The undersigned, as a condition to participating in the Mentors Project of Bibb County (“the Project”), hereby agrees to release and hold harmless The Mentors Project of Bibb County, their agents, volunteers, current and former directors, officers, employees, successors, assigns and legal representatives for all claims, causes of actions, damages, suits or demands of any kind or nature whatsoever, in law or equity, known or unknown, contingent or liquidated, arising out of the undersigned’s participation as a volunteer in the Project. Further, the undersigned acknowledges that this release waives any legal rights the undersigned may have against The Mentors Project of Bibb County, their agents, volunteers, current and former directors, officers and employees, successors, assigned and legal representatives for any injury which the undersigned may sustain in connection with or as a result of the undersigned’s participation as a volunteer in the Project. The undersigned also acknowledges that The Mentors Project of Bibb County has explained the policies regarding meetings and visits with students, and accepts that, in no event, with The Mentors Project of Bibb County be held responsible for any consequences of the undersigned’s participation in the Project.

Name (Please print clearly)

Signature

Date

Please return as soon as possible in the enclosed, stamped envelope or fax to
(478) 765-8540

Mentors Project of Bibb County

Name-Based Criminal History Record Information Consent/Inquiry From

I hereby give consent for the _____ to conduct an inquiry and receive
 _____ Criminal Justice Agency
 any Georgia criminal history record information pertaining to me which may be contained in the files of any state or
 local criminal justice agency in Georgia. I further authorize the B.C.S.O. to relay that information to Requesting Entity:
 _____ via:

___ US Mail ___ In-Person Pick-Up ___ Encrypted Email Address: _____

Full Name (Print):			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for _____ days from date of signature.

I, _____ give consent to the above named entity to perform
 periodic criminal history background checks for the duration of my employment.

Signature _____ Date _____

Attorney for Individual (Purpose Codes E and U Only) Bar Number _____ Date _____

Date of Inquiry: _____ Time of Inquiry: _____ Operator's initials: _____

Purpose Code used: (Check all that apply)

<input type="checkbox"/>	Employment (E) – Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Employment with Mentally Disabled (M) – Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Employment with Elder Care (N) – Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Employment with Children (W) – Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Public Records (P) – Provides Georgia Felony Convictions Only
<input type="checkbox"/>	Personal Copy (U) – Includes Restricted and Sealed arrests (not to be used for employment)
<input type="checkbox"/>	Civilian Criminal Justice (J) – State and III Info Received
<input type="checkbox"/>	Sworn Criminal Justice Employment (Z) – State and III Info received

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Georgia CHRI results available
<input type="checkbox"/>	Georgia CHRI attached/released
<input type="checkbox"/>	No NCIC/GCIC Warrant results available
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency Listed Below
Wanting Agency Name:	_____
Agency Telephone:	_____

 Agency Designee Signature and Title

 Date

