



POSITIVE DIRECTIONS MENTORING PROGRAM

MENTOR INFORMATION

Name _____
(Last Name, First Name, Middle Name)

Maiden name and previous married last names _____

Home Address _____
(Street, City, State, Zip Code)

Home Phone _____ Work Phone _____

Cell Number _____

E-mail Address _____

Referred by _____

Place of Employment _____

Job Address _____

Job Title/Occupation _____

Community/Professional Affiliations:

Organization _____ From/To _____

Organization _____ From/To _____

Education:

High School _____
(Name/City and State/Year Graduated)

College _____
(Name/City and State/Year Graduated/Degree Earned)

Certification Skills/Trade _____

POLICY STATEMENT

PURPOSE:

To clearly define the **mentor's** scope of activity while participating in the Positive Directions Mentoring Program.

POLICY:

1. The **mentor** participating in the Positive Directions Mentoring Program will always follow all policies and procedures of Oklahoma City Public Schools.
2. The **mentor** will meet with their designated student one hour per week and will follow the prescribed educational outline provided by the teacher and /or school principal. Should a scheduling conflict occur, **the mentor will notify the school or program director and make every effort to make up any lost time.**
3. All mentor activities will be scheduled only during the school day or during sponsored school functions. Activities with students outside school premises or school functions are strongly discouraged and are not considered part of the mentor program.
4. The **mentor** declares that he/she is not required to register pursuant to either the Oklahoma Sex Offenders Registration Act or the Mary Rippey Violent Crime Offenders Registration Act.
5. The **mentor** agrees to volunteer in the Positive Directions Mentoring Program for one school year.

I understand and agree to follow the above policy while participating in the Positive Directions Mentoring Program.

Please print your name clearly

Signature

Date

**DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF
CONSUMER REPORT**

In connection with my mentor application, and, if applicable, my continued services as a mentor for the Positive Directions mentoring program (the "Program") at _____ ("the School"), I hereby authorize the Program, through its employees, representatives, agents, and independent contractors, now or at any time while I am participating in the Program, to obtain from a consumer reporting agency a copy of a consumer and/or investigative consumer report on me (in accordance with the federal Fair Credit Reporting Act, as amended, and state law) for the sole purposes stated below. This consent does not authorize the Program to obtain a consumer credit report disclosing my financial history or consumer credit rating.

Specifically, I authorize the Program to conduct a comprehensive review of my background including public record information, criminal records, motor vehicle records, a general background investigation, and any other searches or investigations that the Program deems necessary to confirm, determine, or evaluate my character and general reputation. All information obtained pursuant to this Disclosure and Authorization shall be utilized to determine my fitness as a mentor for the Program.

I also authorize and direct all individuals and entities, including without limitation all schools, businesses, corporations, credit bureaus, law enforcement agencies, armed forces, employment commissions, and governmental agencies to release any and all information without restriction or qualification pursuant to this Disclosure and Authorization.

A photocopy or facsimile of this Disclosure and Authorization form shall be considered as effective and valid as the original.

Should a consumer report be requested, you have the right to receive a copy of the consumer report. Please check the box below if you wish to receive a copy of such report.

I wish to obtain a copy of any consumer report obtained about me.

Signature

Date

Print Name

Gender: Male / Female
(Please circle)

Social Security Number

Date of Birth

Number of years in Oklahoma _____

Please return this form to:

Tobi Campbell
INTEGRIS Community Wellness
5100 N. Brookline Ave., Suite 800/mail code 115 7480
Oklahoma City, OK 73112
Phone (405) 717-9831 Fax (405) 951-8808