



MOREHOUSE SCHOOL OF MEDICINE AND E. L. CONNALLY ELEMENTARY MENTOR REGISTRATION FORM

Personal Information:

Name _____
First Middle Last

Address _____
Street City State ZIP

Home phone _____ Mobile phone _____

Department _____ Office phone _____

E-mail address _____

Volunteer Information:

1. With what grade level are you most comfortable working?
☐ Pre-K ☐ K-2 ☐ 3-5 ☐ All
2. Do you prefer working with a: ☐ Girl ☐ Boy ☐ No preference
3. What days of the week are you available to volunteer? (check all that apply):
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
4. What is the best time for you to volunteer? (check all that apply):
☐ Mornings ☐ Afternoons ☐ After school
(*all mentoring will be held at the Connally campus)
5. Do you speak a foreign language? No yes, please specify: _____
6. Please list any hobbies or interests you may have:
7. What activities would you like to do with a mentee?
8. Please check the activities you enjoy the most:
☐ Writing ☐ Reading ☐ Photography
☐ Arts and crafts ☐ Using Computers ☐ Playing Games

Playing sports such as _____

Watching sports such as _____

Listening to music such as _____

9. What do you feel are the strengths (math skills, previous relevant volunteer experience, etc.) you bring to this program?
10. Write a brief statement on why you have chosen to participate in the mentor program.
11. Please provide any additional information that may be used to match you will a mentee.

By completing this application to be a volunteer, I understand that the Atlanta Public School System requires all volunteers to complete a volunteer release form and a brief online Volunteer Child Abuse Training video. I understand designated school personnel will make a copy of my state-issued photo identification to keep on file in the school's main office. I acknowledge school personnel will go to the Georgia and federal sex offender registry websites to complete the bottom portion of the volunteer release form. I also understand that Atlanta Public Schools will keep volunteer release forms for disqualified volunteers on file in the school's main office and reserve the right to refuse the services offered by any volunteer. Initial by each of the following statements:

- _____ I understand that the mentor program involves spending a minimum of one hour per month for the academic year at E. L. Connally with an assigned student or group of students.
- _____ I understand that I will be required to complete a mentor training program led by Atlanta CARES Mentoring Network on the campus of Morehouse School of Medicine before being assigned to a student (or class).

Signature (Type Full Name)

Date

SUBMIT