



Hal Kaplan Middletown Mentor Program

393 Main Street, Middletown, CT 06457 Tel: 860-347-6924 www.middlesexchamber.com

A Partnership of the Middlesex County Chamber of Commerce &

The Middletown Board of Education



Hal Kaplan Middletown Mentor Program Application & Online Background Check

Name _____ Tel _____ Cell _____

Home Address _____

Preferred Mailing Address _____

Preferred Email Address _____

Business/or Employer's Name & Address _____

Your Position/Title _____ Bus/Work/Tel _____ Fax _____

Please write a brief statement on why you would like to be a Volunteer Mentor with the Hal Kaplan Middletown Mentor Program:

Please prioritize your preferences for I II III below:

I. A. Boy B. Girl C. No Preference

II. I prefer to work with an elementary child in (GRADES 2-5)

I prefer to work with a Middle School child in (GRADES 6-8) whose previous mentor could not continue

III. (PLEASE SELECT ONE) I prefer to Mentor: QUIET RESERVED ACTIVE/OUTGOING child

IV. Describe any special interests which may be helpful in matching you and your Mentee – COMPUTERS/VIDEO GAMES SPORTS, ARTS & CRAFTS, BOARD GAMES, MUSIC etc.

V. Please explain if there are any work or other restrictions that might impact your placement?

Day and time of school visit can be determined when you call the school. *We will do our best to accommodate your preferences*

VI. Have you ever been convicted of a crime Yes No

CONTINUE

Employment History

Please list the last three places of employment with the most recent, first

Company _____ Dates _____
Address _____

Company _____ Dates _____
Address _____

Company _____ Dates _____
Address _____

References other than your family members

Name _____ Tel/Cell _____
Relationship _____

Name _____ Tel/Cell _____
Relationship _____

Mentor Release Statement

I hereby state that if accepted as a Mentor, I agree to abide by the rules and regulations of the HAL KAPLAN MIDDLETOWN MENTOR PROGRAM. Further, I understand that I will attend or view a Mentor Training Session, and be involved in ongoing training. I understand that the Program involves spending one hour each week at the assigned school with my Mentee from September to mid-June. **I will sign in on each visit to the school, and communicate with the building principal, or designee, regularly during this period.**

I have not been convicted within the last ten years of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or a violation involving a state or federally controlled substance. I am not under any current indictment. Further, I hereby fully discharge school personnel, participating companies or organizations from any and all liability, claims, causes of action, costs and expenses which may be attributable to my participation in the Hal Kaplan Middletown Mentor Program.

I understand that the Hal Kaplan Middletown Mentor Program and relationships established take place during the confines of the school day in Middletown, Connecticut. It is not part of any relationships established between Mentor/Mentee and family members beyond the school day.

I have read the above Release Statement and agree to its contents. To the best of my knowledge and belief, all statements in this profile/applications are true and accurate.

Signature: _____ Date: _____

*********Please return this completed Application to: Jennifer De Kine, Chamber Coordinator
Email: Jennifer@middlesexchamber.com TEL: 860-347-6924 FAX: 860-346-1043
HAL KAPLAN MIDDLETOWN MENTOR PROGRAM
Middlesex County Chamber of Commerce, 393 Main Street, Middletown, CT 06457

********* **DCF BACKGROUND CHECK** -ALL APPLICANTS TO THE HAL KAPLAN MIDDLETOWN MENTOR PROGRAM MUST COMPLETE AND SUBMIT THE ONLINE VOLUNTEER SERVICES BACKGROUND CHECK –THIS STEP IS REQUIRED FOR ALL VOLUNTEER MENTORS WITHIN THE MIDDLETOWN PUBLIC SCHOOLS SYSTEM.

PLEASE CONTINUE AND FOLLOW INSTRUCTIONS

*******ONLINE VOLUNTEER SERVICES APPLICATION AND**
DCF BACKGROUND CHECK

IMPORTANT - PLEASE **COMPLETE AND SUBMIT THE ONLINE** VOLUNTEER SERVICES APPLICATION FORM and DCF BACKGROUND CHECK - THIS STEP IS REQUIRED FOR ALL HAL KAPLAN MIDDLETOWN MENTOR PROGRAM VOLUNTEER MENTORS WITHIN THE MIDDLETOWN PUBLIC SCHOOLS SYSTEM

Follow instructions:

Go to www.middletownschools.org

Departments

Human Resources

Volunteers – brings you to Volunteer Tracker by app-garden -Read, then click on **Volunteer Link** to complete a Volunteer Application

***LEVEL 3 SCREENING** – Volunteer activity includes direct contact with and supervision of students for extended periods of time without direct supervision of the professional staff.

*LEVEL 3 SCREENING, includes, but may not be limited to, review of the National sex offender registry and criminal background check.

Your Volunteer Activity Service is *LEVEL 3, affiliated with the HAL KAPLAN MIDDLETOWN MENTOR PROGRAM so a DCF BackCheck Form must be completed. Click on the link and complete the DCF Form and ATTACH ON LAST PAGE where requested, prior to submitting.

Complete all required input fields

Indicate your volunteer service with Hal Kaplan Mentor Program –Level 3

Location – Select a School location where you would consider

THIS ONLINE VOLUNTEER SERVICES APPLICATION AND DCF BACKGROUND CHECK WILL BE SUBMITTED DIRECTLY TO VOLUNTEER TRACKER.

Revised 8-2019-2020-JDeK