



## Star Kids Scholarship Program Mentor Application and Agreement

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home ph. \_\_\_\_\_ Cell ph. \_\_\_\_\_ Work ph. \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

I agree to participate in the *Star Kids* mentoring program. I have received the Mentor Handbook and have reviewed its contents. I agree to complete the BCI or CORI check.

I understand the importance of this commitment and am willing to assume this responsibility.

I understand consistency is an important factor in my visits, especially in the early months of mentoring. I understand visits should start out as school based for the first 5 months. A minimum of one visit per month is expected and two visits a month is preferred by the Star Kids Program.

If at any time I am unable to fulfill this obligation, I will contact the family of my student and *Star Kids* so that other arrangements can be made.

If any problems arise that I am not able to deal with, I will contact *Star Kids* immediately.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_