





TEXARKANA Independent School District

MENTOR APPLICATION

Name:			Date:	Date:		
Home Address:						
City:						
Home Phone:						
E-mail Address:						
What language(s) do you spe	eak?					
Why do you want to become						
Do you have any previous ex	xperience volunteerii	ng or working with y	outh?			
Are you available to meet wi	th a child as often as	s our program requi	es?			
What time(s) would you be available? During Lunch:		Lunch:	Mornings (during	Mornings (during class):		
Would you prefer to be mate	ched with a child fror	n a specific Grade L	evel, Ethnicity and/or G	Gender? (If so, pleas	e complete):	
• •	Ethnicity:		-	Gender:		
Favorite Hobbies/Recreation						
☐ Computers/Video Gam				□ Dancing	☐ Basketball	
□ Cooking/Eating Out	• .	•	☐ Listening to Mu	_		
	☐ Movies	J	· ·	· ·		
☐ Other (please specify)						
To what extent do you feel c	omfortable talking to	o others individually	about the following sub	ojects?		
	-	Very	Somewhat	Slightly	Not at all	
Academic Skills						
College Planning						
Career Planning/Job Preparation						
Personal Issues						

Mail Completed Application To:
The Office of Student and Community Support Services
4241 Summerhill Road, Texarkana, Texas 75503
ext. 1035 Brittney.Brookes@txkisd.net fax 903.794.3651 ext. 1035 fax 903.792.2632







SCHOOL DISTRICT

CRIMINAL HISTORY AUTHORIZATION

Texas Education Code 22.083 authorizes a school district to obtain the criminal history record of every applicant for employment or volunteer services with the School District. Therefore, as a part of your application process, you need to complete the following questions.

Last Name	First Name		MI Jr./Sr. etc.				
Social Security Number	Driver's License	e Number	State				
Birth Date(mm/dd/yy)	Sex(Check One)	Race (Check On	e)				
//(_)M	lale ()Female	() Wh () Bl ()	His () Oth				
Current Street Address							
City		State	Zip				
For each past residence list the city, state,	applicable dates, and applicat	ble last names:					
City State			Name(at time listed)				
Volunteers Only – List campuses or programs of interest to you.							
Have you ever been convicted of a criminal offense: () Yes () No							
If yes, please indicate the year, lo	cation, and type of offer	nse:					
Location: (City/State)	Offense:	Last Na	me: Year:				
(313), 31133,							
I hereby authorize TISD to use the information I am providing herein to obtain criminal history information on							
me. This authorization does not authorize the release or publication of credit information. I understand that the							
information I am providing about age, sex, and ethnicity will not be used to determine my eligibility for							
employment or volunteer services, but will be used solely for the purpose of obtaining criminal history							
information.							
Signature of Applicant		Date					