

Mentor Job Description

Title:	Mentor		
Term:	One year (current school year)		
Capacity:	Volunteer		
Duties:	To meet consistently, each week, with the student to whom you are assigned.		
Hours:	Flexible. Scheduling will be handled on an individual basis, depending upon the availability of the mentor and the student's class schedule. Mentoring sessions are typically during breakfast or lunch, or other times as determine appropriate by school counselor. A commitment of 30 minutes per week is required. All mentoring sessions will take place during school hours.		
Location:	The Oconee Mentor Program is a school-based program, therefore mentoring sessions will occur only at the student's school, in approved areas, as determined by the school counselor		
Training:	Training for mentors is provided by the Oconee Area Resource Council (OARC) and Oconee County Schools. Mentors will be required to attend an initial OARC training session that will last approximately one hour, as well as a brief school-specific training.		

Criteria:

- Mentor is at least 18 years of age.
- Mentor must be a good role model, dependable, caring, kind, and a good listener.
- Mentor has availability to consistently meet with the student at the scheduled time.
- Mentor must be willing to follow the guidelines and policies of Oconee County Schools and the Oconee Mentor Program.
- Mentors who can no longer honor the commitment to the student will notify the program coordinator and the school counselor as soon as possible.

Please return completed application to OARC – P.O. Box 149 Watkinsville, GA 30677 or email to <u>shannon@oconeeconnection.org</u>.

Please Print		or Program	School		
Name: Local Mailing Address		Gender:	Dat	e of Birth:	
Street Permanent Address if differen	City t from above:		State	Zip	
Street	City		State	Zip	
How long have you liv	ved in the state of	of Georgia?			
Cell Phone:		Home Phor	ne:		
Email Address:					
Employer:		Occ	upation:		
Special Interests:	rests: Can you speak other language(s)?				
			_ Yes	No	
			_ If yes,	what language?	
How did you hear abo Student Preferen		Mentor Program			
Elementary (5 -11 yea	rs) Middle	(11-14 years)	High (14-18 y	/ears)	
Gender: Male	_ Female	(Male Ment	ors only meet w	ith male students)	
School Preference:					
Oconee County Prima	Ocone	Oconee County Elementary School			
Colham Ferry Element	_ Dove	Dove Creek Elementary School			
Rocky Branch Element	Malco	Malcom Bridge Elementary School			
High Shoals Elementa	Dove	Dove Creek Middle School			
Malcom Bridge Middle	Ocone	Oconee County Middle School			
Oconee County High S	North	Oconee High Sc	hool		

Revised: July 2023

Please List Two References:

Name	Phone	Email			
Name	Phone	Email			
Education (Check Highest Level):High SchoolSome CollegeAssociate Degree	Bachelor D Master De Doctorate	gree			
Experience Working with Students:	: Yes No	_			
In what capacity:					
Please check if the following pertain	s to you:				
Chamber of Commerce Member	Staff/Faculty of UGA	Employee of Oconee County	UGA Student		
ARREST(S) OR CONVICTION(S) inclu	iding traffic citations:	Yes No	_		
(This information will be kept confidential)					
Explain below:					
Are you able and willing to commit the school year? Yes No		er week for the entire/remai	nder of		
I certify that the information contained knowledge, free of misrepresentation of		and accurate to the best of my			
APPLICANT SIGNATURE:		DATE	_		
Please send application to: Oconee Area Resource Council P. O. Box 149 Watkinsville, GA 30677					
Date received:	FOR INTERNAL USE ON	ILY:			
Received by:	Trainin	g Date:			
Record contains no report of c		ved:			
Record contains report of crim	ninal history				