



Oconee County Mentor Program

Mentor Job Description

Title:	Mentor
Term:	One year (current school year)
Capacity:	Volunteer
Duties:	To interact regularly on school premises for a minimum of two hours per month with the student to whom you are assigned. This interaction could be meeting for breakfast or lunch, school programs, or study time.
Training:	Training for mentors is provided by the Oconee Area Resource Council and the Oconee County School District. Mentors will be required to attend one training session. Sessions are scheduled in conjunction with the enrollment of new volunteers to the program and will last approximately one hour. Additional assistance is provided on an as-needed basis.
Hours:	Flexible. Scheduling will be handled on an individual basis, depending upon the availability of the mentor and the student's class schedule. A minimum of two hours per month is requested.
Location:	Mentoring will occur at the student's school.

Essential Mentor Characteristics:

- Mentor must be dependable, caring and kind.
- When mentors arrange a meeting time with their students, they must come.
- Attending these mentoring sessions must be given the highest priority.
- If you find you can no longer honor your commitment, please inform the program coordinator and school contact person.

Trainings are held at Oconee Area Resource Council office located at 1800 Hog Mtn. Rd., Bldg 800, Suite 103 B, Watkinsville, GA 30677

To register for training please call 706.769.4974



Oconee County Mentor Program

<p>For Internal Use Only</p> <p>Student _____</p> <p>School _____</p>

Mentor Program Application

Please Print

Today's Date _____

Name: _____ **Gender:** _____ **Date of Birth:** _____

Local Mailing Address:

Street	City	State	Zip
Permanent Address if different from above:			

Street	City	State	Zip
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How long have you lived in the state of Georgia? _____

Cell Phone: _____ **Home Phone:** _____

Email Address: _____

Employer: _____ **Occupation:** _____

Special Interests: _____ **Can you speak other language(s)?**

_____ Yes _____ No _____

_____ If yes, what language? _____

Student Preferences:

Elementary (5 -11 years) ___ Middle (11-14 years) ___ High (14-18 years) ___

Gender: Male ___ Female ___

School Preference:

Oconee County Primary School ___ Oconee County Elementary School ___

Colham Ferry Elementary School ___ Rocky Branch Elementary School ___

Malcom Bridge Elementary School ___ High Shoals Elementary School ___

Malcom Bridge Middle School ___ Oconee County Middle School ___

Oconee County High School ___ North Oconee High School ___



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Please List one Reference:

_____ Phone: _____

Education (Check Highest Level):

High School _____	Bachelor Degree _____
Some College _____	Master Degree _____
Associate Degree _____	Doctorate _____

Experience Working with Children: Yes _____ No _____

In what capacity: _____

ARREST(S) OR CONVICTION(S) including traffic citations: Yes _____ No _____

Explain below:

Are you able and willing to commit to at least two hours per month of the entire/remainder of the school year? Yes _____ No _____

APPLICANT SIGNATURE: _____

DATE _____

Please send application to: Oconee Area Resource Council
P. O. Box 149
Watkinsville, GA 30677

FOR INTERNAL USE ONLY:

Date received: _____

Received by: _____

_____ Record contains no report of criminal history

_____ Record contains report of criminal history

Please check if the following pertains to you:

Chamber of Commerce Member

Staff/Faculty of UGA

Employee of Oconee County

UGA Student

Training Date: _____

Approved: _____