



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 shannon@oconeeconnection.org .



For Internal Use Only
Student _____
School _____

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 _____

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? _____

How did you hear about the Oconee Mentor Program? _____

Student Preferences:

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

Gender: Male ___ Female ___ (Male Mentors only meet with male students)

School Preference:

Oconee County Primary School ___

Oconee County Elementary School ___

Colham Ferry Elementary School ___

Dove Creek 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 ___

Please List Two References:

Name Phone Email

Name Phone Email

Education (Check Highest Level):

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

Experience Working with Students: Yes _____ No _____

In what capacity: _____

Please check if the following pertains to you:

_____ Chamber of Commerce Member _____ Staff/Faculty of UGA _____ Employee of Oconee County _____ UGA Student

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

(This information will be kept confidential)

Explain below:

Are you able and willing to commit to at least 30 minutes per week for the entire/remainder of the school year? Yes _____ No _____

I certify that the information contained in this application is true and accurate to the best of my knowledge, free of misrepresentation or omission.

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: _____	Training Date: _____
_____ Record contains no report of criminal history	Approved: _____
_____ Record contains report of criminal history	