



Excelsior Springs School District

## Tiger Mentoring Program Application

### Office Use Only

Date Received: \_\_\_\_\_

Date Background Screening Complete: \_\_\_\_\_

Date Trained: \_\_\_\_\_ Initial: \_\_\_\_\_

Name: \_\_\_\_\_  
*First Middle Last*

Maiden Name: \_\_\_\_\_ Familiar First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State Zip Code*

Home phone #: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Birthdate: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Have you ever been an adult mentor, Youth Friend, or Big Brother/Big Sister? \_\_\_\_\_

Have you ever worked with children or adolescents? If so, in what capacity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Preferred School:

☐ Elkhorn ☐ Westview ☐ Lewis ☐ Middle School ☐ High School ☐ Doesn't matter

### Days/Times Available (please circle):

**Mondays**  
mornings  
afternoons

**Tuesdays**  
mornings  
afternoons

**Wednesdays**  
mornings  
afternoons

**Thursdays**  
mornings  
afternoons

**Fridays**  
mornings  
afternoons

**Background Check:** A background check is required for any adult working with students in the Excelsior Springs School District. Do you give permission for the ESSD to perform a *mandatory* background check? ☐ yes ☐ no

Have you ever had a conviction, suspended sentence, diversion agreement or other judgment against you for any matter listed below? Your answers should include any matter resolved on a plea of guilty or nolo contendere (no contest) and any matter expunged, annulled or sealed.

- 1) Any felony or misdemeanor? ☐ yes ☐ no
- 2) Any municipal ordinance violations? ☐ yes ☐ no
- 3) Are there any felony, misdemeanor or municipal charges currently pending against you or are you currently out on bail or on your own recognizance awaiting trial? ☐ yes ☐ no

**Please return completed application to Kim Curtis at the ES Middle School (630-9230) or Margaret Solis at Westview Elementary (630-9260).**

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- 4) Have there ever been allegations, complaints or reports regarding your involvement in child abuse or neglect (regardless of whether the incident was confirmed or denied?    ☐ yes    ☐ no

If you answered "yes" to any of the above, please provide date, description and explanation of each incident:

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#### **Applicant's Authorization and Agreement**

*I understand that any omissions or misstatements made by me on this application may be cause for my application to be declined or volunteer placement to be terminated. I understand that all information including criminal background and child abuse/neglect records and sex offender registry will be verified and may be disclosed to the ESSD school district and hereby consent to such verification and disclosure. I declare that all the statements I have made on this application are true, correct and complete to the best of my knowledge. I understand that the ESSC at their sole and complete discretion may accept or decline this application without providing me any reasons for the decision.*

**Applicant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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