



CREATING ENTREPRENEURIAL
OPPORTUNITIES

Mentor Application Packet & Required Forms



MENTOR APPLICATION INSTRUCTIONS

Thank you for your interest in mentoring with Decatur Morgan CEO Mentoring Program. To ensure the safety and security of all students and staff members, anyone interested in mentoring is required to **complete this packet of information and return it to the CEO Mentoring Program no later than close of business on Friday, October 4, 2019.**

1. Mentor Application Form

This is an application form to be completed, which provides the preliminary information needed to consider your interest in mentoring. **Please complete this application form in its entirety and return it to the administrative agent representative, Jeremy Childers, at jrchilders@morgank12.org. If you have any questions, call Jeremy at 256-509-7440.**

2. Disclosure and Authorization

To ensure the safety of each and every student, the CEO Mentoring Program will complete a background check on each individual interested in mentoring. The check may consist of the following:

- Nationwide Criminal Background Check - As required by Insurance Carrier/CEO Mentoring Program Policy
- Nationwide Sex Offender Registry - Required by Law
- State Sex Offender Registry – Required by Law
- Child Murderer and Violent Offender Against Youth Registry - Required by Law
- Any other checks as required by law
- References listed on the application - As necessary/applicable
- Employer(s)/Previous employer(s) - As necessary/applicable

Please complete the Disclosure and Authorization Form and return it to the administrative agent.

3. Summary of Rights

The Summary of Rights explains your rights under the Fair Credit Reporting Act. This information is for you to read and keep.

4. Acknowledgement of Mandated Reporter Status

Each mentor is required to become familiar with the Abused and Neglected Child Reporting Act and sign the acknowledgement form included with this information. Please return this form to the administrative agent.

5. Acknowledgement of Mentor Policies and Procedures

Each mentor is required to become familiar with the mentor policies and procedures and sign the acknowledgement form included with this information. Please return this form to the administrative agent.

Upon complete review of your application form and appropriate verifications, the CEO Mentoring Program will notify you of acceptance to mentor with the program. This process may take up to 10 days to complete.

MENTOR APPLICATION FORM

PERSONAL INFORMATION:

Name: _____
Last First MI
Maiden Name or if known by any other name: _____

Check One: ___ Parent/Guardian ___ Community member (non-parent)
___ Student ___ Other (please specify): _____

Address: _____
Street City State Zip

Phone Number: (____)____-____ Cell Phone: (____)____-____
Emergency contact: _____ Phone: (____)____-____
Have you ever been a student mentor in a school? ___ Yes ___ No
If Yes, Name of School: _____

Name(s) of any child(ren) attending Decatur Morgan CEO Mentoring Program:

AVAILABILITY:

Entire School Year (August - May) Program/Short Term Project _____
 Other _____

****Must be available the first Monday of each month, 7:00AM to 8:30AM****

REFERENCES:

Please provide professional and/or personal references:

1. _____
Name Phone

2. _____
Name Phone

BACKGROUND INFORMATION:

Please answer the following questions completely. Any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection as a mentor. Decatur Morgan CEO Mentoring Program reserves the right to reject any applicant for any legitimate, nondiscriminatory reason, at its sole discretion.

Do you currently have any outstanding criminal charges or warrants for your arrest pending against you? Yes No

If yes, please

explain: _____

Have you ever been convicted of a felony criminal offense and/or misdemeanor or felony criminal offenses involving illegal substances? Yes No

If yes, please

explain: _____

Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child in any legal proceeding? Yes No

If yes, please

explain: _____

ACKNOWLEDGEMENT

The purpose of this notice is to inform prospective mentors that they do not have insurance coverage from the Decatur Morgan CEO Mentoring Program and to document the mentor’s acknowledgment and agreement that he/she is providing mentor service at his/her own risk. By signing below:

1. You acknowledge that Decatur Morgan CEO Mentoring Program does not provide insurance coverage for any loss, injury, illness or death resulting from your unpaid service to the program.
2. You agree to assume all risk of injury, illness, damage or loss of any nature or kind, arising out of your mentor assignments, whether supervised or unsupervised and your service to the program. You agree to waive any and all claims against the CEO Mentoring Program, its Board Members, employees, agents or assigns, or their successors for loss due to death, injury, illness or damage of any kind arising out of your service to the program.

By signing below, you also acknowledge that:

1. Your time and service as a mentor is given without promise, expectation, or receipt of any form of compensation, benefits, or other remuneration for this service.
2. Either the CEO Mentoring Program or you can terminate your mentor services at any time for any reason.

Mentor Signature

Date

Print Name

For CEO Mentoring Program Use Only:

General Description of Assignment:

Name(s) of Supervising Staff Member(s):

_____ Mentor Application Form completed

_____ Background Check Disclosure and Authorization Form completed

_____ Notice of Completion of Background Check application completed

_____ Acknowledgement of Mandated Reported Status completed

_____ Acknowledgement, Agreement & Receipt of Mentor Policies & Procedures completed

_____ Clean background check completed through SecureVolunteer

Witness Signature

Date

The above-mentioned mentor has met all of the requirements to provide mentor services to the CEO Mentoring Program.

Administrative Agent Approval

Date

DISCLOSURE AND AUTHORIZATION

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

This release shall be limited to non-fingerprint-based screens for Volunteers relating to the undersigned

NOTICE REGARDING BACKGROUND INVESTIGATION

Decatur Morgan CEO Mentoring Program ("the Organization") may obtain information about you from a consumer reporting agency for consideration of the opportunity to serve as a volunteer with the Organization. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, motor vehicle records ("driving records"), or other background checks. Please be advised that the nature and scope of the most common form of consumer report obtained with regard to applicants for volunteering is a criminal record report conducted by Background Investigation Bureau, LLC, ("BIB"), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" and certify that I have read and understand those documents. I hereby authorize Decatur Morgan CEO Mentoring Program ("the Organization") to obtain "consumer reports" and/or "investigative consumer reports" about me at any time after receipt of this authorization and, if I am allowed to serve, throughout term of my volunteer service. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by Background Investigation Bureau, LLC., additional third-party organizations acting on behalf of Organization, and/or Organization itself. I agree that a facsimile ("fax") or photographic copy or digital copy of this Authorization shall be as valid as the original.

Last Name _____ First _____ Middle _____

Other /Alias _____

Social Security # _____ Date of Birth _____

Present Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Signature: _____ Date: _____

Notice of Completion of Background Check Application

Decatur Morgan CEO Mentoring Program conducts criminal background checks of all mentors and volunteers via SecureVolunteer by Background Investigation Bureau (BIB) through Morgan County Schools. Following are instructions for submitting your information through SecureVolunteer. As part of your application process to become a mentor for Decatur Morgan CEO, **please complete this process and the form below no later than close of business on Friday, October 4, 2019.**

Step 1: Go to <https://bib.com/secure-volunteer/Morgan-County-Schools/>

Step 2: Click the **Volunteer Now** button and follow the steps below to fill out your information:

- Select Background Screen type: Academic (\$16.95) for Classroom Volunteers
- Complete the Authorization and Acknowledgement form and click I Agree button
- Fill out the Application, using the following in the appropriate fields:
 - Where will you volunteer: Decatur/Morgan CEO
 - Reason for volunteering: Community Service
 - Please describe how you would like to volunteer: Mentor a student in Decatur Morgan CEO

Step 3: Provide your billing and payment information. The cost for this screening is \$16.95. If you would like to get reimbursed for the cost of the screening, please fill out the appropriate section below.

Acknowledgement of Completion of Background Check Application:

Signature: _____ Date/Time completed: _____

Printed Name: _____

I do not need to be reimbursed

I would like to be reimbursed for the \$16.95 cost of the screening. Please mail my reimbursement check to:

Mailing Address Line 1: _____

Mailing Address Line 2: _____

City _____ State _____ Zip _____

*** Please allow 30 days for reimbursement*

Para información en español, visite www.ftc.gov/credit o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N. W., Washington, D. C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, Employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to Employers. A consumer reporting agency may not give out information about you to your Employer, or a potential Employer, without your written consent given to the Employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a tollfree phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 888-5-OPT-OUT (888-567-8688) or www.optoutprescreen.com.
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response enter – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

DECATUR MORGAN CEO MENTORING PROGRAM

Alabama Department of Human Resources ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____ understand that when I am working and/or
(Mentor Name)
mentoring for Decatur Morgan CEO Mentoring Program in my official and/or professional capacity:

I will become a mandated reporter under Alabama Code 26-14-3 - Mandatory Reporting in Alabama. This mandated reporter designation means that I am required to submit a Written Report of Suspected Child Abuse and Neglect form (DHR-FCS-1593) to the Alabama Department of Human Resources, whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that I may find the form at www.dhr.alabama.gov or may call the Alabama Department of Human Resources at (334) 242-9500 to request the form.

I further understand that the privileged quality of communication between me in my professional or official capacity is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a misdemeanor, punishable by six months in jail, \$500 fine, or both.

I also understand that if I am subject to licensing under certain state or federal licenses, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect. I acknowledge that it is my responsibility to determine the requirements for my particular license.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under Alabama Code 26-14-3 - Mandatory Reporting in Alabama.

Mentor Signature

Date

**Acknowledgement, Agreement & Receipt
of Mentor Policies & Procedures**

The undersigned hereby acknowledges receipt of a copy of Decatur Morgan CEO Mentoring Program Mentor Policies & Procedures.

Mentor Name (Printed)

Mentor Signature

Witness Signature

Date

(This acknowledgement and agreement will be retained in the mentor's file).