



Thank you for your interest in becoming a mentor with Take Stock in Children!

This packet includes the mentor onboarding paperwork. Please send by email to our Volunteer and Marketing Administrator Jordan Miles at [milesja@gm.sbac.edu](mailto:milesja@gm.sbac.edu) or by mail to:

The Education Foundation of Alachua County  
Attn: Take Stock in Children  
2802 NE 8<sup>th</sup> Avenue  
Gainesville, FL, 32641

Our office will reach out to schedule a virtual mentor training session after your paperwork has been submitted. Once training is complete, you will be matched with a Take Stock in Children mentee.

We look forward to having you join our TSIC team!

Please contact our office if you have any questions or concerns.

Thank you,

Jordan Miles  
Volunteer and Marketing Administrator  
(352) 514-5090  
[milesja@gm.sbac.edu](mailto:milesja@gm.sbac.edu)  
[www.edfoundationac.org](http://www.edfoundationac.org)



## 2020-2021 COVID-19 Waiver, Release of Liability and Indemnification

### TAKE STOCK IN CHILDREN MENTORS:

The novel coronavirus disease, also referred to as “severe acute respiratory syndrome coronavirus 2,” “SARS-CoV-2,” COVID-19, and/or any mutation or variation thereof (collectively, “COVID-19”), is extremely contagious and is believed to spread mainly from person to person, through respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Not all people who are infected with COVID-19 have symptoms and some infected people are unaware that they have COVID-19 and can spread the infection to others.

As a Take Stock in Children Mentor, I understand and acknowledge that I may be exposed to COVID-19 if I engage in in-person mentoring activities, attend in-person events related to Take Stock in Children or visit a Take Stock in Children office. I further understand and acknowledge that my participation in such in-person activities increases the risk that I may become infected with or contract COVID-19 and that, as a result of the contagious nature of this disease, I may then further spread the disease to my family members, and/or others with whom I have close contact. I **voluntarily assume the risk** that I may be exposed to or infected with COVID-19 as a result of my participation in in-person activities through Take Stock in Children; that such exposure or infection could result in personal injury, illness, permanent disability, and/or death; and that such exposure or infection may be caused by the **actions, omissions, or negligence** of myself or others, including, but not limited to, Take Stock in Children representatives, staff, volunteers, students or others.

By signing this Waiver, Release of Liability and Indemnification, I agree to not participate in any Take Stock in Children in-person activity or event if I have been diagnosed with, tested positive for, demonstrated any symptoms of or have in any way been exposed to COVID-19 within the thirty (30)-day period prior to such in-person activity or event. In consideration for my participation in any Take Stock in Children program, activity or event, I hereby irrevocably assume all risks in connection with my participation in any Take Stock in Children in-person activity or event and irrevocably **waive, release, covenant not to sue, discharge, and hold harmless** TSIC, Inc. d/b/a Take Stock in Children (“TSIC”), its affiliates and each of its and their respective officers, directors, representatives, staff, volunteers, students, mentors, licensees or others related to TSIC or participating in any Take Stock in Children in-person activity or event, as well as their successors and assigns (collectively, the “Released Parties”), from any and all liabilities, claims, actions, damages, costs or expenses (including, without limitation, attorney’s fees and other legal expenses) (collectively, “Claims”) of any kind arising out of, associated with or resulting from my exposure to or infection with COVID-19, including, but not limited to, Claims based on the **actions, omissions, or negligence** of any of the Released Parties. I further agree to indemnify and hold harmless each of the Released Parties from all Claims of any third party arising out of or relating to my exposure to or infection with COVID-19.

This Waiver, Release of Liability and Indemnification shall be governed by, construed and enforced in accordance with the internal laws of the State of Florida.

**I ACCEPT AND AGREE TO ALL OF THE TERMS AND CONDITIONS OF THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION.**

\_\_\_\_\_  
Print Mentor Name

\_\_\_\_\_  
Mentor Signature

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



**2020-2021 In-Person and Virtual Mentoring  
Name and Likeness Recording Consent and Release**

**TAKE STOCK IN CHILDREN MENTORS:**

I, \_\_\_\_\_, the undersigned, certify, represent and warrant that I am a Take Stock in Children Mentor. This Consent and Release applies to my involvement in Take Stock in Children programs and activities, including, without limitation, in-person mentoring of students, as well as distance-based, virtual mentoring of students to facilitate online program activities through online platforms (“Virtual Mentoring”).

For good and valuable consideration, the receipt of which is hereby acknowledged, the undersigned (“I” or “me”), as the Mentor hereby irrevocably authorizes TSIC, Inc. d/b/a Take Stock in Children (“TSIC”), its affiliates and each of its and their respective representatives, licensees, successors and assigns and those acting with authorization from \_\_\_\_\_ (the “Lead Agency”) or TSIC (collectively, the “TSIC Program Providers”) to monitor, record and store Virtual Mentoring sessions and activities that I participate in for record-keeping, safety and security purposes, as well as film, videotape, photograph and/or record my voice and image while participating in Virtual Mentoring and any other in-person or virtual program, event, or activity organized by TSIC Program Providers, and I irrevocably grant the right and authorize each of them to store, reproduce, edit and create derivative works based upon such film, videotape, photography and/or recording (collectively, the “Works”), as well as display, publicly, distribute, transmit or otherwise use the Works and my voice, name and likeness, in whole or in part, either alone or in conjunction with other material in or in connection with the Take Stock in Children Program’s events, products and services, as well as in advertising and promotion thereof in any form or format which may be reproduced, distributed, transmitted, exhibited and/or otherwise exploited, in whole or in part, alone or in conjunction with other material for the TSIC Program Providers’ own account in perpetuity throughout the world in any and all manner or media now known or hereafter devised including, without limitation, all forms of television, radio, print and the Internet.

I acknowledge and agree that as between myself and the TSIC Program Providers, the TSIC Program Providers shall exclusively own any and all rights in the Works and all elements thereof including, without limitation, all rights of attribution, moral rights and copyrights throughout the world in perpetuity. For avoidance of doubt, I hereby irrevocably assign to the TSIC Program Providers any and all rights I may have in and to the Works as well as any results and proceeds of such Works or my appearance in the Works. I agree not to use, reproduce, distribute or otherwise exploit the Works myself or authorize others to do so without the TSIC Program Providers’ prior written consent.

I hereby irrevocably release the TSIC Program Providers from, and agree not to assert, any and all claims I have or may have in the future, known or unknown arising for such use including, without limitation, claims of invasion of privacy, violation of right of publicity, defamation, false light, moral rights, royalties or other compensation or any other claims and waive any and all equitable or injunctive. The TSIC Program Providers shall not be obligated to make any payment to me for the use of my name, likeness, appearance, voice or other attributes in the Works or their exploitation, to produce or exploit the Works or to include my appearance therein even if produced and neither I shall have any right to review or approve any of Works or their use. I certify and acknowledge that my appearance is not governed under the provisions of any collective bargaining agreement. I represent and warrant that I am over eighteen (18) years of age and have all necessary capacity, power and authority to grant this release and that no consent or authorization is required to be obtained in order for me to grant this release. I agree to indemnify and hold the TSIC Program Providers harmless from and against any claim, liability or obligation of any kind arising from the statements made by me in the Works, my appearance in the Works, use of my name, voice, likeness and the rights granted herein, or any a breach of any of the representations and warranties made hereunder. This grant is irrevocable, perpetual, worldwide, transferable and licensable to others. This Consent and Release is governed by Florida law and contains the entire understanding of the parties with respect to its subject matter, and may not be changed or terminated except by an instrument signed by the TSIC Program Providers and me.

\_\_\_\_\_  
Print Mentor Name

\_\_\_\_\_  
Mentor Signature

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



# 2020-2021 Mentor Application

## EQUAL OPPORTUNITY POLICY

Take Stock in Children is an equal opportunity organization and complies with all applicable federal, state, and local non-discrimination laws. Take Stock in Children strictly prohibits and does not tolerate discrimination against students, mentors, applicants, or any other covered persons because of race, color, religion, creed, national origin or ancestry, ethnicity, sex (including pregnancy), sexual orientation, gender (including gender nonconformity and gender identity), marital status, age, physical or mental disability, citizenship, past, current, or prospective service in the uniformed services, genetic information, or any other characteristic protected under applicable federal, state, or local law. All Take Stock in Children employees, other workers, and representatives are prohibited from engaging in unlawful discrimination. Take Stock in Children will reasonably accommodate qualified individuals with a disability as required by law. Take Stock in Children will also, where appropriate, provide reasonable accommodations for an individual's religious beliefs or practices. Finally, no one will be subject to, and Take Stock in Children prohibits, any form of discipline, reprisal, intimidation, or retaliation for good faith reports or complaints of incidents of discrimination of any kind, pursuing any discrimination claim, or cooperating in related investigations.

### Identification/Personal Background Information:

Name (First, Middle, Last): \_\_\_\_\_

Salutation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_

Are you a graduate of the Take Stock in Children program:  Yes  No

If yes, in what year did you graduate? \_\_\_\_\_ County? \_\_\_\_\_

Are you a first-generation college graduate?  Yes  No

How do you identify?

Gender:  Female  Male  Gender Diverse

Race:  American Indian/Native American  Asian  Black/African-American  
 Multiracial  Pacific Islander/Hawaiian  White  
 Other \_\_\_\_\_

Ethnicity: Are you of Hispanic, Latino, or Spanish origin?  Yes  No

Additional Language(s) spoken: \_\_\_\_\_

Age: (check one):  18-30  31-40  41-50  51-60  61+

Are you married?  Yes  No

Do you have children?  Yes  No

If so, please tell us the following:

# sons \_\_\_\_\_ Age(s) \_\_\_\_\_

# daughters \_\_\_\_\_ Age(s) \_\_\_\_\_

**Mentor Contact Information:**

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address \_\_\_\_\_

**Highest education level completed** (Check all that apply):

- some school, not a high school graduate     GED     high school graduate
- associate's degree in \_\_\_\_\_ from \_\_\_\_\_
- technical/vocational certificate in \_\_\_\_\_ from \_\_\_\_\_
- bachelor's degree in \_\_\_\_\_ from \_\_\_\_\_
- master's degree in \_\_\_\_\_ from \_\_\_\_\_
- doctorate in \_\_\_\_\_ from \_\_\_\_\_
- other \_\_\_\_\_

Are you currently enrolled in any education or training program?     Yes     No

If yes, please specify: \_\_\_\_\_

**Mentor Information:**

How would you describe your communication style?

- friendly and outgoing     usually wait to be approached by someone new
- reserved until I get to know someone new

I am interested in becoming a mentor because: (check all that apply)

- I think I'd be a positive role model     I like children     I have the time to give
- I overcame difficulties growing up and would like to help someone else
- I think I have the personality and abilities to be a good mentor
- I am interested in making a difference in the life of a child
- I believe in the value of mentoring     I wish I had a mentor when I was a teenager

Do you have any specific training or experience in dealing with any of the following topics: (check all that apply, and if yes, then please explain.)

- College Admissions \_\_\_\_\_
- College Applications \_\_\_\_\_
- Communication \_\_\_\_\_
- Financial Literacy \_\_\_\_\_
- Financial Aid \_\_\_\_\_
- Health/Wellness \_\_\_\_\_
- Leadership \_\_\_\_\_
- Life Skills \_\_\_\_\_
- Persistence/Resiliency \_\_\_\_\_
- Personal Money Management/Budgeting \_\_\_\_\_
- Problem Solving Skills \_\_\_\_\_
- Self-Advocacy \_\_\_\_\_
- Study Skills \_\_\_\_\_
- Social Skills/Business Etiquette \_\_\_\_\_
- Time Management \_\_\_\_\_
- Other \_\_\_\_\_

List any clubs or organizations of which you are currently a member: \_\_\_\_\_

Are there any particular challenges you would prefer not to handle as a mentor?

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Which of the following activities do you enjoy participating in or watching? (Check all that apply)

Sports (specifically, \_\_\_\_\_)

Handicrafts (specifically, \_\_\_\_\_)

- Outdoor Life     Mechanics/Science     Literature     Pop Culture (Movies, TV, etc.)  
 Music     Collecting     Other \_\_\_\_\_

Is there anything else you would like us to know about you? If yes, please explain:

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The undersigned acknowledges and agrees that 1) he or she is not obligated, if called upon, to perform the volunteer services herein applied for; 2) Take Stock in Children is not obligated to assign or actively seek to assign her or him a Take Stock in Children student; 3) as part of the Take Stock in Children matching process, additional information may be requested from the applicant, and 4) Take Stock in Children reserves the right at all times to terminate any match between any volunteer mentor and student for whatever cause.

I declare that all of the statements made in this application are true, complete and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

As a mentor in the Take Stock in Children program, I will always act in a behavior that is in the best interest of my student. Accordingly, I pledge to each of the following volunteer policy statements. Please initial your approval next to each statement.

\_\_\_ I will adhere to all volunteer policies of my local school district.

\_\_\_ I will notify Take Stock in Children if I must terminate my mentor position for any reason.

\_\_\_ I will notify my student or his or her school liaison or the Take Stock in Children College Success Coach if I am unable to attend a previously scheduled mentoring session.

\_\_\_ I will not willfully arrange unmonitored contact with my student or without the supervision of Take Stock in Children or school officials.

\_\_\_ I will not drive my student in my car.

\_\_\_ I understand that Take Stock in Children will terminate my relationship with my student if I violate any of the above policies.

## REFERENCES

Please print COMPLETE name, address, and relationship of three people. They must have known you for at least 2 years. Each should be in a position to evaluate your qualifications as a mentor. Please do not include family members, current boyfriends, girlfriends, or fiancées as references.

Name	Address	Zip Code	Phone #
1. _____	_____	_____	(____) _____
Relationship _____	Years Known _____		
2. _____	_____	_____	(____) _____
Relationship _____	Years Known _____		
3. _____	_____	_____	(____) _____
Relationship _____	Years Known _____		

If you are currently employed, please print the name and address of your work supervisor. If employed less than 6 months, the previous employer.

4. _____	_____	_____	(____) _____
Name	Address	Zip Code	Phone #

### Liability Release/Consent for Release Information

I do hereby affirm the above information is true. I understand if denied acceptance into a mentoring program, no reason for denial will be given. I hereby consent to

\_\_\_\_\_ (local program) to release information to other entities, agencies, or individuals. I hereby release Take Stock in Children from any liability whatsoever for any information released or any acts or omissions connected with this application. I understand and consent to Take Stock in Children examining any and all available records or information from any source, to include but not be limited to criminal records.

I hereby allow Take Stock in Children to release any information compiled from my interview, references, or other sources pertaining to my application to become a mentor to Take Stock in Children. Take Stock in Children will use this information for the purpose of evaluating my ability to meet the initial criteria to serve as a mentor with a mentoring agency. I hereby release Take Stock in Children from any liability, debt, claim, suit, or obligation of any nature whatsoever should any information be obtained by any other individual, party, or entity of any nature whatsoever.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name here.