



MENTOR APPLICATION

Name of Applicant: _____

PREFERRED CAMPUS: No preference. Please send me where I'm needed most.

Elementary Schools

- Bee Cave Elementary
- Lake Pointe Elementary
- Lake Travis Elementary
- Lakeway Elementary
- Rough Hollow Elementary
- Serene Hills Elementary
- West Cypress Hills Elementary

Middle Schools

- Bee Cave Middle School
- Hudson Bend Middle School
- Lake Travis Middle School

High School

- Lake Travis High School

Home Address:

Phone:

Email:

Occupation:

Please list your experience working with youth, or any other information you would like us to know:

What are your preferences for day of the week, male or female mentee, time, and frequency?

Day of the Week	Male or Female	Time	Frequency
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> No preference	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No preference	<input type="checkbox"/> During lunch <input type="checkbox"/> After school (<i>At 2:45 pm. Option is only for elementary mentors.</i>) <input type="checkbox"/> No preference	<input type="checkbox"/> Once per week <input type="checkbox"/> Three times per month <input type="checkbox"/> No preference

As a mentor, I understand I am undertaking an important commitment to a student. I agree to abide by all the established guidelines governing the program (see the Mentor Handbook at ltidschools.org/communityrelations). I further agree to abide by the following terms governing my volunteer activities:

- A. Participate in the program for a minimum of one school year.
- B. Meet with my assigned student for 30-45 minutes at least three times per month.
- C. Conduct all meetings on school grounds.
- D. Agree to a criminal history background check through the Texas Department of Public Safety.
- E. Attend an initial mentor training session.

Signature: _____

Date: _____

Email, mail, or fax form to: GW Byers
 LTISD, Attn: Community Relations
 3322 RR 620 South, Austin, TX 78738

byersg@ltidschools.org
Fax: 512.533.6001

Phone: 512.533.6099