



# BANGOR SCHOOL DEPARTMENT

73 Harlow Street – Bangor, Maine 04401

www.bangorschools.net

James R. Tager  
Superintendent of Schools

207-992-4150  
Fax: 207-992-4163

## MENTOR APPLICATION

You can make a difference: Be a school mentor!

(Please **PRINT** clearly.)

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

Maiden Name: \_\_\_\_\_ Previous Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Driver's License # \_\_\_\_\_ State I.D.# \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Area(s) of interest for mentoring: \_\_\_\_\_

<u>Name(s) of Child/Children</u>	<u>School</u>	<u>Grade</u>

List any education/training/experiences you have had that would help us in meeting the needs of our students:  
\_\_\_\_\_  
\_\_\_\_\_

In which schools(s) would you prefer to serve?

School: \_\_\_\_\_ School: \_\_\_\_\_

School: \_\_\_\_\_ School: \_\_\_\_\_

School: \_\_\_\_\_ School: \_\_\_\_\_

Days Available: \_\_\_\_\_ Times Available: \_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

**REFERENCES:**

Please list three persons who can comment on your character and abilities that we may contact.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>

**BACKGROUND:**

The Bangor School Department asks the following information of all individuals who mentor our children to help ensure the safety of our students.

1. Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes \_\_\_ No \_\_\_
2. Have you ever been convicted of a crime (other than a minor traffic offense)? Yes \_\_\_ No \_\_\_
3. Have you ever entered a plea of guilty or “no contest” (nolo contendere) to any crime (other than a minor traffic offense)? Yes \_\_\_ No \_\_\_
4. Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes \_\_\_ No \_\_\_

If you answered YES to any of the previous questions, provide full details below, including information with respect to court actions, the date, offense in question, and the address of the court involved (attach additional page(s) if necessary).

\_\_\_\_\_

If you have lived outside of Maine, please identify the states and dates: \_\_\_\_\_

Refusal to provide authorization for reference and/or criminal records checks and/or providing false or misleading information on this application shall constitute sufficient reason to deny approval to serve as a mentor or termination as a mentor in the Bangor School Department.

I understand that the Bangor School Department performs reference and criminal records checks on all mentors and I authorize persons and entities contacted by the Bangor School Department in connection with this application to provide information about me. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the school department, its agents and officials or against any provider of such information. I further understand that if I am approved as a mentor, that I will be required to sign a Mentor Agreement and complete an online mentor training.

\_\_\_\_\_  
Applicant Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

**OFFICE USE ONLY:**

- \_\_\_ Application reviewed for completeness
- \_\_\_ References checked (attach documentation)
- \_\_\_ Criminal record checked (attach documentation)

Application approved: \_\_\_\_\_  
Application denied: \_\_\_\_\_  
Administrator or Authorized Official \_\_\_\_\_ Date: \_\_\_\_\_

**COVID-19 WORK AGREEMENT**  
***MENTOR TO SIGN AND RETURN TO BUILDING PRINCIPAL***

The Bangor School Department (BSD) must adhere to the guidelines set forth by the CDC as well as the State of Maine in response to COVID-19. Our goal is to continue to minimize the interaction and risk of possible transmission of COVID-19 between all people accessing Bangor School Department building and facilities. Work schedules and workspaces may have been modified or reassigned to ensure employees are safe and able to comply in accordance with the BSD COVID-19 Return to Work Agreement.

I, \_\_\_\_\_, acknowledge, understand, and agree that while working in a BSD building I am to adhere to the following protocol:

1. I will complete a self-screening assessment daily to check for symptoms of COVID-19. Certain responses will require that I remain home. In this event, I will contact my building principal or designee immediately.
2. I will enter any BSD building with my identification badge and a face covering each day.
3. I will wear my approved face covering/mask/shield when in the presence of others (e.g., restroom, hallway, any suites, elevator, conference rooms, communal areas, etc.) and maintain six (6) feet of distance--about two arms' length- at all times throughout the workday.
4. I will practice [proper handwashing guidelines](#) and use hand sanitizer upon entering the workplace and throughout the workday. Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after coughing/sneezing and using the restroom.
5. I will only utilize the elevator with one additional passenger for a maximum of two (2) people per ride while wearing face masks or shields.
6. If during my workday, I begin to experience any signs and symptoms of respiratory illness or spike a fever of 100.4°F or higher, I will notify my building principal or designee immediately to avoid exposing others in the workplace.

1. I will notify my building principal or designee if I, or anyone in my household, has been confirmed to have COVID-19.
2. I will minimize face-to-face meetings by utilizing alternative methods to move projects forward (i.e. email, conference call, phone call, web-based meetings).

My signature below is an acknowledgment that I have read, understand, and agree to comply with the above terms. I also acknowledge that failure to adhere to this agreement could result in disciplinary action with respect to a violation of the Bangor School Department policies and procedures. Mentors will be notified of updates as guidance may change.

\_\_\_\_\_  
Mentor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director/Supervisor Signature

\_\_\_\_\_  
Date



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## MENTOR AGREEMENT FORM

I have read the Bangor School Department Mentor Handbook, have completed the online mentor training, and understand my responsibilities as a school mentor.

I understand that as a mentor in the Bangor School Department I must keep ALL student and staff information confidential. I agree not to access, review, disclose, or use confidential student or staff information without specific authorization from a school administrator. I also understand that even when I am no longer a mentor in the schools, any confidential information I have learned must continue to be kept confidential. I understand that any breach of confidentiality requirements will result in my immediate termination as a mentor and may result in legal action against me.

I understand that I must comply with all Bangor School Department policies and school rules applicable to school staff as well as all directions from school administrators and staff while serving as a mentor. I further understand that my authorization to serve as a mentor may be terminated at the discretion of the superintendent and/or school principal at any time if they determine that such action is in the best interest of the Bangor School Department.

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Date

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Signature of Mentor

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Printed Name

**In consideration of our staff and students, please limit the use of fragrance-based products while volunteering.  
We sincerely thank you for your cooperation.**