



## **Mentor Program Application**

Dear Applicant,

Thank you for your interest in the Communities In Schools (CIS) of Federal Way's Mentoring Program. Please fill out the attached application form as directed below to be considered as a mentor for the program.

Page two of the application asks for some basic information, such as your name, address, phone number, etc. It also includes a few open-ended questions to allow us to learn a little bit more about you and your background. Please fill out this page as completely as possible.

Pages three through nine of the application will be used for Communities In Schools of Federal Way to complete a Washington State background check on each potential mentor and inform potential mentors of behavior policies. The safety of the students is of the utmost importance to us, so we require each potential mentor to complete these forms.

The tenth page of the application asks for four references whom Communities In Schools of Federal Way can contact to vouch for your character and ability to work with children. We will contact these references by email or phone, so make sure to include the contact information of four individuals who know you well. (Please do not include relatives.) Please sign and date the bottom of this page to indicate that everything you have written in your application is true, complete and correct to the best of your knowledge.

The eleventh page is the agreement between you (the mentor) and Communities In Schools of Federal Way. Please read all statements carefully and sign.

The twelfth page of the application is a mentor interest questionnaire, which will be used to match you with a student who has similar interests and personality traits to you. Students will also be asked to fill out a similar questionnaire, and matches will be made by the Mentor Program Coordinator and the CIS School Outreach Coordinator.

The thirteenth page of the application will be used for mentor recruitment and grant reporting.

When the application is complete, you can scan and email it to [susanr@cisfederalway.org](mailto:susanr@cisfederalway.org), drop it by our office, or you can mail it to:

**CIS Mentor Program  
Communities In Schools of Federal Way  
P.O. Box 3317  
Federal Way, WA 98063**

If you have any questions or need further information, please feel free to call us at **253-529-7440**.  
Thank you!



## CIS MENTOR PROGRAM APPLICATION

Name: \_\_\_\_\_  
First M.I. Last

Home Address: \_\_\_\_\_  
Number and Street City Zip

Telephone: \_\_\_\_\_  
Home Cell Work

Which phone number above is the best to reach you during the day? ☐ Home ☐ Cell ☐ Work

Primary E-mail: \_\_\_\_\_

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

Current supervisor's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Work address: \_\_\_\_\_  
Number and Street City Zip

Emergency Contact: \_\_\_\_\_  
Name/Relationship Phone Number

Why do you want to be a Volunteer Mentor? \_\_\_\_\_

\_\_\_\_\_

Do you have any prior experience working with young people? Please describe: \_\_\_\_\_

\_\_\_\_\_

What do you feel you can offer a young person? \_\_\_\_\_

\_\_\_\_\_

Do you have any children that currently attend Federal Way Public Schools? If so, which school? \_\_\_\_\_

May we use your name and picture in PR materials? Yes No

May we have your permission to use your employer's name in PR materials? Yes No



## **CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES:** **(Please keep pages 3-5 for your records.)**

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses, organizations, or individuals. All other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. *Searches can be conducted only on prospective employees, volunteers or adoptive parents.*

Background checks can be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment or engagement decisions only.

Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act, RCW 10.97

2. *Applicants must be notified an inquiry may be made*

A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicants, applying for a position as an employee or volunteer that an inquiry may be made.

3. *A business or organization must prepare a disclosure statement to be signed by the applicant before the background check may be conducted.*

A business or organization shall require each applicant to disclose whether the applicant has been:

- a. Convicted of any crime against children or other persons
- b. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult
- c. Convicted of crimes related to drugs as defined in RCE 43.43.830
- d. Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor
- e. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor
- f. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult
- g. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult

4. *Applicants must be notified of the response.*

The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

### **Washington State Patrol Response**

**This identification certificate is the result of a request for criminal conviction record information from the Washington State Patrol Identification and Criminal History Section on a prospective applicant by a business or organization. Pursuant to the Child/Adult Abuse Information Act, FCW 43.43.830 through 43.43.845, if the conviction record, disciplinary board final decision, or civil adjudication record shows no evidence of a crime against children or other persons, an identification declaring the showing of no evidence shall be issued to the applicant.**



**These Federal Way School District policies have been provided for your information. Mentors serve in Federal Way Schools and must agree to abide by the same policies. They are yours to keep.**

### **Prohibition of Harassment, Intimidation and Bullying - 3207**

The District is committed to a safe and civil educational environment for all students, employees, volunteers and patrons, free from harassment, intimidation or bullying.

Harassment, intimidation or bullying means any intentional written, verbal, or physical act, including but not limited to one shown to be motivated by any characteristic of race, color, religion, ancestry, national origin, gender, sexual orientation including gender identity, mental or physical disability [RCW 9A.36.080(3)], or other distinguishing characteristic, when the intentional written, verbal, or physical act:

- Physically harms a student or damages the student's property; or
- Has the effect of substantially interfering with a student's education; or
- Is so severe, persistent, or pervasive that it creates an intimidating or threatening educational environment; or
- Has the effect of substantially disrupting the orderly operation of the school.

"Other distinguishing characteristics" may include but are not limited to: physical appearance, clothing or other apparel, socioeconomic status, gender identity, and marital status. Harassment, intimidation or bullying may take many forms including: slurs, rumors, jokes, innuendoes, demeaning comments, drawings, cartoons, pranks, gestures, physical attacks, threats, or other written, oral or physical actions. "Intentional acts" refers to the individual's choice to engage in the act rather than the ultimate impact of the action(s).

This policy is not intended to prohibit expression of religious, philosophical, or political views, provided that the expression does not substantially disrupt the educational environment. Many behaviors that do not rise to the level of harassment, intimidation or bullying may still be prohibited by other District policies or building, classroom, or program rules.

In addition to the provisions stated above, this policy shall also include the prohibition of all types of sexual harassment. Sexual harassment may include, but is not limited to, unwelcome or uninvited sexual advances, requests for sexual favors, sexual comments, cartoons, innuendoes, or other verbal or physical conduct of a sexual or sexually intimidating nature.

Sexual harassment occurs when:

- Such behavior or communication interferes with an individual's performance or creates an intimidating, hostile, or offensive educational or work environment; and/or
- Submission to the harasser's sexual demands is stated or implied as a term or condition of obtaining an education or work opportunity or other benefit; and/or
- Submission to or rejection of sexual demands is a factor in an academic, work, or other school-related decision affecting an individual.

Sexual harassment can occur student to student, adult to student, student to adult, adult to adult, male to female, female to male, male to male, or female to female.

The District will take prompt, equitable and remedial action within its authority on reports, complaints, and grievances alleging harassment, intimidation or bullying that come to the attention of the District, either formally or informally.



Depending upon the frequency and severity of the conduct, appropriate responses to violations of this policy may include intervention, counseling, correction, discipline and/or referral to law enforcement to remediate the impact on the victim and the climate, and to change the behavior of the perpetrator. Allegations of criminal misconduct will be reported to law enforcement, and suspected child abuse will be reported to law enforcement or Child Protective Services, as required by law. The goals of this policy include appropriate intervention, restoration of a positive climate, and support for victims and others impacted by the violation. Students, staff, or District contractors who engage in harassment, intimidation or bullying will receive appropriate discipline, sanctions, or other appropriate interventions. Other school visitors who engage in this conduct will have their access to school property and activities restricted, and their actions will be reported to the proper authorities, as appropriate.

False reports or retaliation for harassment, intimidation or bullying also constitute violations of this policy. Coercion, discrimination, or reprisals taken against persons filing complaints or persons acting as witnesses to complaints shall result in appropriate disciplinary action or sanctions according to District policy or other applicable laws or regulations. Persons who knowingly file false allegations, or report or corroborate false allegations, shall also be subject to appropriate disciplinary action or sanctions according to District policy or other applicable laws or regulations.

In accordance with applicable laws and regulations, students, parents, staff, volunteers, and other interested parties shall be informed of this policy and the accompanying procedures pertaining to the filing of complaints. The policy shall be posted in each District building and reproduced in each student, staff, volunteer, and parent handbook. District employees will be provided with appropriate information on the recognition and prevention of harassment and their rights and responsibilities under this policy.

The Superintendent or designee shall develop procedures to implement this policy which shall include the provision of age-appropriate information and education regarding this policy and the recognition and prevention of sexual harassment and other types of harassment, intimidation, and bullying.

The Superintendent or designee shall make an annual report to the Board of Education reviewing the use and efficacy of this policy and related procedures. This report will include recommendations for changes to the policy and procedures, if applicable. The Superintendent is encouraged to involve staff, students, volunteers and parents in the review process.

**Cross Reference:**

Policy 3200 Student Rights and Responsibilities

Policy 3210 Nondiscrimination

Policy 3240 Student Conduct

Policy 3300 Corrective Action for Student Misconduct

Policy 5030 Harassment – Employees

**Legal Reference:**

Chapter 207 Laws of 2002

**Management Resources:**

*Policy News*, April 2002,

Legislature Passes an Anti-Bullying Bill

**Related Forms:**

- [3207-1 Harassment, Intimidation, or Bullying Complaint Form \(17K PDF\)](#)
- [3207-2 Harassment, Intimidation, or Bullying Complaint Formal Notice of Appeal to Superintendent's Designee \(13K PDF\)](#)
- [3207-3 Harassment, Intimidation, or Bullying Complaint Formal Appeal to the Board of Education \(13K PDF\)](#)

FWPS Adoption Date: 5/22/07



## BACKGROUND CHECK

**\*Along with completing this page you will need to send us a photocopy of your driver's license or state ID card.\***

Have you ever been convicted of a crime? ☐ Yes ☐ No

(Note: for the purpose of this question convicted includes: 1. All instances to which a plea of guilty or nolo contendere is the basis of a conviction, and 2. All proceedings in which a sentence has been suspended or deferred. You need not list traffic violations for which a fine or forfeiture of less than \$150 was imposed.)

**If yes please explain: (use back of form if additional space is needed)** \_\_\_\_\_

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT (RCW 43.43.830 THROUGH 43.43.845) FOR VOLUNTEERING WITH FEDERAL WAY PUBLIC SCHOOLS.

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

Do you give your permission to the Communities In Schools Federal Way to conduct a Washington State Patrol Background Check every two years of your volunteer service to discover matters of public record regarding your background or history?

☐ Yes, I give my permission to conduct a background check every two years as long as I am volunteering with the CIS Mentor Program

☐ No, I do not give my permission (If you check this box, you will be unable to be a mentor for this program.)

Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Full name (please print) \_\_\_\_\_  
First Middle Last

Other Name(s) Used (e.g. maiden name, alias) \_\_\_\_\_

In signing, you agree that the information on this page is correct and that you have read and agree to comply with the harassment and bullying policies included in this application which are yours to keep.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For further information, contact the Washington State Patrol at  
(360) 705-5100  
Email Address: [crimhis@wps.wa.gov](mailto:crimhis@wps.wa.gov)  
Washington State Patrol Website: <http://www.wa.gov/wsp/>



Please complete the following questions and sign the declaration. Any falsification or deliberate misrepresentation, including omission of a material fact or failure to complete any part of your application or this questionnaire can be grounds for denial of volunteer positions with Communities In Schools of Federal Way and FWPS.

All required documentation requested must accompany this form. If additional space is needed, attach a sheet of paper.

## SECTION I – PERSONAL INFORMATION (please print or type)

1. NAME: \_\_\_\_\_  
Last First Middle
2. Please list all other names you have gone by:
- \_\_\_\_\_

## SECTION II – PROFESSIONAL FITNESS

**If you answer "yes" to questions 1 through 4, on a separate sheet of paper, give a complete explanation, including duties, circumstances, and any supporting documentation.**

### Yes No

- |                          |                          |                                                                                                                                                                                                                                      |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever been dismissed, discharged or fired from any employment?                                                                                                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever resigned from or otherwise left any employment while allegations of misconduct on your part were pending or under investigation?                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever been disciplined by a past or present employer because of allegations of misconduct?                                                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are you currently the subject of any investigation or inquiry by an employer because of allegations of misconduct or harassment on your part or have you ever been found to be guilty of misconduct or harassment by an employer? |

## SECTION III – CRIMINAL HISTORY

**If you answer "yes" to questions 1 through 9, you must provide a detailed statement.**

1. Check any of the following for which you have been convicted, including any of these crimes as they may have been renamed: (The term "convicted" includes all instances in which a finding of guilt, a plea of guilty or nolo contendere, or stipulation to facts or deferred or suspended sentence occurred).
- |                                                                            |                                                                       |                                                                           |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Custodial Assault                                 | <input type="checkbox"/> Child Buying or Selling                      | <input type="checkbox"/> First Degree Arson                               |
| <input type="checkbox"/> First or Second Degree Manslaughter               | <input type="checkbox"/> Indecent Liberties                           | <input type="checkbox"/> Malicious Harassment                             |
| <input type="checkbox"/> First, Second, or Third Degree Rape               | <input type="checkbox"/> Felony Indecent Exposure                     | <input type="checkbox"/> First Degree Burglary                            |
| <input type="checkbox"/> Prostitution                                      | <input type="checkbox"/> Sexual Exploitation of Minor(s)              | <input type="checkbox"/> Criminal Abandonment                             |
| <input type="checkbox"/> First Degree Promoting Prostitution               | <input type="checkbox"/> Vehicular Homicide                           | <input type="checkbox"/> Aggravated Murder                                |
| <input type="checkbox"/> First or Second Degree Robbery                    | <input type="checkbox"/> Incest                                       | <input type="checkbox"/> First or Second Degree Murder                    |
| <input type="checkbox"/> Patronizing a Juvenile Prostitute                 | <input type="checkbox"/> Unlawful Imprisonment                        | <input type="checkbox"/> Promoting Pornography                            |
| <input type="checkbox"/> First, Second or Third Degree Extortion           | <input type="checkbox"/> Simple Assault                               | <input type="checkbox"/> First or Second Degree Kidnapping                |
| <input type="checkbox"/> First, Second, or Third Degree Assault of a Child | <input type="checkbox"/> First or Second Degree Criminal Mistreatment | <input type="checkbox"/> First, Second, or Third Degree Child Molestation |



- ☐ First or Second Degree Sexual Misconduct with Minor(s)
- ☐ Child Abuse or Neglect as Defined in RCW 26.44.020

- ☐ First or Second Degree Custodial Interference
- ☐ Selling or Distributing Erotic Material to Minor(s)
- ☐ Violation of Child Abuse Restraining Order

- ☐ Communication with a Minor for Immoral Purposes
- ☐ First, Second, Third Degree Rape of Child



**Check here** if you have **NOT** been convicted of any of the above, including any of these crimes as they may have been renamed.

**Yes No**

- ☐ ☐ 2. Have you been convicted of crimes relating to **financial exploitation** if the victim was a vulnerable adult as defined in Chapter 43.43.830(6) RCW as amended, and listed as follows: first, second, or third degree extortion; first or second degree robbery; first, second, or third degree theft; forgery or any of these crimes as they may be renamed in the future?
- ☐ ☐ 3. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?
- ☐ ☐ 4. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually assaulted or exploited any minor, or to have physically abused any minor?
- ☐ ☐ 5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?
- ☐ ☐ 6. Have you ever been found in any disciplinary board final decision, or by the director of the department of licensing in the following businesses or professions, to have sexually or physically abused any minor, or developmentally disabled person, or to have abused or financially exploited any vulnerable adult: chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, psychology, real estate brokers, and salespersons?
- ☐ ☐ 7. (a) Do you currently have any outstanding criminal charges / warrants of arrest pending against you in Washington?  
(b) Do you currently have any outstanding criminal charges / warrants of arrest pending against you in any other state, province, territory, and/or country?
- ☐ ☐ 8. Are you presently under investigation in any jurisdiction for possible criminal charges? If "yes" identify agency and location (street address, city, state).
- ☐ ☐ 9. **Have you ever been convicted of any crime?** (Note: For the purpose of this question "convicted" includes (1) all instances in which a plea of guilty or nolo contendere is the basis of conviction, and (2) all proceedings in which a sentence has been suspended, deferred or dismissed). **Examples:** Driving while license suspended / revoked, reckless driving, DUI, assault, domestic violence etc...

*\*You need not list traffic violations for which a fine or forfeiture of less than \$150 was imposed*

**If you answered "yes" to questions 1 through 9 of (Section III), provide the following:** \*A detailed statement including what occurred, the nature of the offense, charge or warrant: \* The name and address of the arresting agency: \* The date of the arrest: \* The final disposition, if any: \* If a court was involved, the name and address of the court: \* The complete arrest report and sentence and judgment: and \* A complete driving abstract for five years if the arrest was driving related. A "yes" answer to questions 7 through 9 above will not necessarily bar you from volunteering.





## SECTION IV – FITNESS

### **Yes No**

- |                          |                          |                                                                                                                 |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you currently use illegal drugs?                                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you used illegal drugs in the last year? If your answer is "yes," explain on a separate sheet of paper. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever been convicted of crimes related to drugs or controlled substances?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever been found in any dependency or domestic relation matter to have physically abused any person? |

If you answered "yes" to questions 3 or 4, attach copies of any court orders entered in the above proceeding.

## DECLARATION

An inquiry to the Washington State Patrol and the Federal Bureau of Investigation will be made on the selected candidate. If the information provided or answer(s) to any question on the application or the Disclosure Questionnaire change prior to me starting volunteering, I understand that I must immediately notify Communities In Schools of Federal Way.

**Pursuant to RCW 9A,72.08a5, I certify under penalty of perjury under laws of the state of Washington that the foregoing is true and correct. I authorize Communities In Schools of Federal Way to inquire with former employers or references and obtain any and all information regarding my related background. I release and waive Communities In Schools of Federal Way, my former employer(s) and all references from any and all liability in obtaining or disclosing such information. I agree that if I have provided false or incomplete statements, Communities In Schools may, at its sole discretion, without notice or due process procedures, terminate my volunteer contract. If such action is taken, the contract shall be deemed void from its inception. For volunteer applicants, Communities In Schools of Federal Way reserves the right to terminate or revoke volunteer status at any time.**

---

Signature

---

Date and City/State

## REFERENCES

**Please provide contact information for four individuals from an outside organization that can verify your work habits (for example – they know you through current or former work, church, other volunteer organizations, etc).**

***We ask that you name people that you have known for at least two years, preferably not relatives, and know you well enough to vouch for your character and/or ability to interact with children.***

1. Name: \_\_\_\_\_

Day time telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_

Day time telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Name: \_\_\_\_\_

Day time telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Name: \_\_\_\_\_

Day time telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_



## Mentor Agreement

In submitting this application, I declare that, to the best of my knowledge, I am able to make a **one calendar year** commitment to the CIS Mentor Program. I am not, at this time, committing myself to becoming a mentor and CIS of Federal Way is not obligated to accept me as a volunteer.

In addition, I agree to adhere to the following program guidelines:

1. He/She is not obligated if called upon to perform the volunteer services herein applied for, and that the CIS of Federal Way Mentor Program is not obligated to assign or actively seek to assign him or her a student.
2. The CIS of Federal Way Mentor Program has the applicant's permission to contact references and to conduct background checks with the Washington State Patrol and National Sex Offender Registry. Background checks and National Sex Offender Registry checks will be renewed bi-annually.
3. As part of the CIS of Federal Way Mentor Program's matching process, additional personal information may be elicited from the applicant by CIS staff.
4. **He/She will not have contact with the student outside of the planned program, nor will they exchange contact information with the student.**
5. The CIS of Federal Way Mentor Program reserves the right at all times to terminate any match between any volunteer and student, for whatever cause.
6. If he/she needs to terminate the mentor/mentee relationship at any time and under any circumstances, he/she will do so according to program exit guidelines.
7. I understand that volunteers shall not discuss the performance, actions, or any other info about any student except with the student's teacher(s), school counselor, principal or CIS staff. I understand that this is part of the federal statute, The Family Educational Rights and Privacy Act (FERPA), 34 CFR Part 99. I also understand that confidentiality pertains to both written records and verbal statements.

By signing below, I affirm that I have read and agree to the terms outlined in the Mentor Agreement. I also certify that all information presented in this application is true to the best of my knowledge.

Applicant's signature: \_\_\_\_\_

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



## Mentor Interest Questionnaire: Used to Match Mentors with Mentees

My name: \_\_\_\_\_

People who are important to me include: \_\_\_\_\_

My job: \_\_\_\_\_ Other jobs I might like to do: \_\_\_\_\_

Languages I speak: \_\_\_\_\_

My favorite books to read: \_\_\_\_\_

My favorite shows to watch: \_\_\_\_\_

My favorite music/groups/singers: \_\_\_\_\_

My favorite subject in school was: \_\_\_\_\_

The subject I liked least: \_\_\_\_\_

I would describe myself as (circle all that apply to you):

Quiet	Talkative	Curious	Moody	Sensitive
Shy	Outgoing	Fun-loving	Cheerful	Energetic
Intelligent	Friendly	Confident	Stubborn	Thoughtful
Funny	Serious	Tough	Organized	Disorganized

Please circle any of the activities or subjects below that you enjoy:

Art	Animals	Swimming	Reading	Electronics	Games	Music
Tennis	Arts & Crafts	Cheerleading	Track	Basketball	Gardening	Skating
Fashion	Computers	Sewing	Baseball	Camping	Writing	Martial Arts
Shopping	Bowling	Motorcycles	Football	Fishing	Cars	Dancing
Photography	Cooking	Science	Collecting	Soccer	Hiking	Video Games

Hobbies: \_\_\_\_\_

Other areas of interest: \_\_\_\_\_

I am also pretty good at: \_\_\_\_\_

Two things I really like about myself are: \_\_\_\_\_

Any other comments you think might be helpful in matching: \_\_\_\_\_



**Optional - Mentor Data Sheet**  
*(Used for Mentor Recruitment and Grant Reporting)*

**Gender:**

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Other: \_\_\_\_\_

**Race or Ethnic Background (check as many as apply):**

☐ White  
☐ Black  
☐ Native American  
☐ Asian  
☐ Pacific Islander  
☐ Hispanic  
☐ Mixed race (Please specify): \_\_\_\_\_  
☐ Other (Please specify): \_\_\_\_\_

**How did you hear about the CIS Mentor Program?**

\_\_\_\_\_

**Would you like to receive our quarterly Communities In Schools of Federal Way e-newsletter?**

☐ Yes ☐ No (For office use only: \_\_\_\_\_ added to distribution list)

**Please scan and email application materials back to:**

[susanr@cisfederalway.org](mailto:susanr@cisfederalway.org)

**Or you can mail them to:**

Communities In Schools of Federal Way  
Attn: Mentor Program Coordinator  
PO Box 3317  
Federal Way, WA 98063

**Or you can drop them off at our office:**

Located inside Qualstar Credit Union building  
1825 South 316<sup>th</sup> St, Suite 101  
Federal Way, WA 98003

**Questions – please call (253) 529-7440**