



Please forward signed application with a photocopy of your driver's license to:

Leigh Ribolzi Miller County Family Connection 96 Perry St. Colquitt, GA 39837

Literacy is much more than an education matter. Low achievement in reading is a systemic crisis that calls for innovative solutions to complex issues. We need your help as leaders to become readers to our young people. Let's mobilize & be positive change. We ask you to share your information so we can match you in a reader in need.

Full Name:		Preferred Name:							
Date of Birth:/_	// Gender:		Ethnicity:		Bilingual?				
Age Category: Circle o	one.	18-30	31-40	41-50		51-60	61-70	71+	
Family: Circle one.	Single	Married	Divorced	Separated	Spouse	e name:			
Do you have children	? Yes	No # 0	of sons	_ Age(s)		# of daugh	ters Age(s)	
Home Address:									
Cell Phone: E-mail Address:									
Employer Name:	Job Title:								
Work Phone: Work Address:									
How would you describe your personality? Circle all that apply.									
Encouraging Serious	Friendly & Outgoing Motivational		Talkative Life of the Party		Funny Reserved				
What do you do in your free time? Watch movies/Listen to music/Play video games/Enjoy the outdoors/Play sports/Garden/Read/Enjoy your hobby/Other (Please list):									
Please describe any special interests that may be helpful in matching you and your reading partner (i.e. agriculture, sports, technology, art, animals, music, painting, fishing, gardening, etc.):									
What experiences have you had as a mentor /positive role model to youth?									

Have you ever worked with children before? Yes No If yes, in what capacity?							
•	like to work with? Circle all that 1st/Age 6 2nd/Age 7 3rd Age		Age 9 5 th /Age 10 Put me anywhere				
What do you hope to accom	plish as a MCES Reader?						
Description of career backgro	ound and skills:						
Additional information or co	mments						
References: (Other than Family	Members)						
Name:	Phone:		Relationship:				
Address:		_ Email: ˌ					
Name:	Phone:		Relationship:				
Address:		_ Email: _					
May we contact the above mer	ntioned references? Circle one. Y	es No					
WHAT DAYS & TIMES WOULD YOU HOW MANY MINUTES? HOURS	OU LIKE TO COMMIT?A WEEK/MONTH?						
Confidentiality Agreement							
requires professional discretion communicated to others outside signature indicates that I unders	. I understand information regarding e the group. I understand that to re stand and agree with the contents o	g consume lease or di of this docu	rved) that will be sensitive in nature and ers is strictly confidential and shall not be isclose information is unacceptable and my ument. Violating this statement could result ation regarding consumers and services.				
I understand that the mentoring	g takes place on school grounds, du	ring school	l hours.				
I declare that all of the statemen	nts made in this application are true	e, complete	e and correct to the best of my knowledge.				
Applicant's signature:	Print n	name:	Date:				
	Office Use Onl	у					
Application	Background Screen		Mentor Training				
Waiver/Liability Release	Reference Screen		Photo ID				