

**TETON COUNTY SCHOOL DISTRICT #1
MENTOR INFORMATION**

NAME: _____

Present Mailing Address: _____ Phone: _____

Present Physical Address: _____

How long at this address: _____ Previous Address: _____

Are you over age 18? _____ Yes _____ No

Have you ever been convicted of a felony or misdemeanor or been on parole or probation? _____ Yes
_____ No

List all convictions after your 18th birthday: _____

A YES answer to this question is not an automatic bar to volunteering.. Each case is considered individually.

If YES, please explain. Attach an extra sheet if needed: _____

CURRENT EMPLOYMENT INFORMATION	
Employer Name: _____	Date Employed: _____
Mailing Address: _____	City _____ State _____ Zip _____
Telephone #: Area Code () - _____	
Title of Position & Duties: _____	

REFERENCES

Please list three Professional or Personal references. Do not use relatives.

Contact Name:	Address: _____ City: _____ State: _____ Zip Code: _____	Telephone #:
Contact Name:	Address: _____ City: _____ State: _____ Zip Code: _____	Telephone #:
Contact Name:	Address: _____ City: _____ State: _____ Zip Code: _____	Telephone #:

All information listed is true and correct, and I understand that false statements shall be considered sufficient cause for dismissal at any time.

I agree that I will complete an official fingerprinting and authorize TCSD#1 to complete a background check through the Division of Criminal Investigation or through the National Crime Investigation Center at any time prior to or during the course of my volunteering with TCSD#1. I authorize the release to TCSD#1 of any criminal history records developed through the submission of fingerprinting and background check. I hereby agree to waive and release any and all claims against TCSD#1, the Town of Jackson, or Teton County, Wyoming arising from the obtainment or release of information resulting from submission of fingerprinting and background check.

Signature: _____

Date: _____

Teton County School District #1 is a tobacco free district and does not discriminate on the basis of race, color, national origin, gender, age, or disability in admission or access to, or treatment or employment in, its educational programs or activities. Inquiries concerning Title VI, Title IX, and section 504, or the Americans with Disabilities Act, may be referred to Pamela Shea (307) 733-2704, or the Wyoming Department of Education, Office for Civil Rights Coordinator, Hathaway Building, 2nd Floor, Cheyenne, Wyoming 82002-0050, or (307) 777-6218.