



RFISD Mentor Program Volunteer Application

Thank you for your interest in becoming a mentor with the Rockport-Fulton ISD Mentor Program.

Mentors provide students with a consistent, caring adult who offers encouragement, support, and positive connection during the school year. Mentor visits take place during the school day, on school property, and are coordinated through the Mentor Program.

Completion of this application does not guarantee acceptance into the program. All applicants must complete the required screening process, reference checks, criminal history/background check process, and mentor orientation/training before being matched with a student.

Applicant Information

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Best Phone Number: _____

Email Address: _____

Highest Level of Education Completed: _____

Current Employer: _____

Business Address: _____

Business Phone Number: _____

Supervisor Name: _____

If you have moved to Rockport-Fulton within the past three years, please list your previous address:



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Mentor Preferences and Availability

Grade level or age group you prefer to work with:

Besides English, what languages do you speak?

What days and times are you generally available to meet with a student during school hours?

Why are you interested in becoming a mentor?

Please list any hobbies, interests, skills, or experiences that may help us match you with a student.

Have you previously volunteered, mentored, coached, taught, or worked with children or youth?

☐ Yes

☐ No

If yes, please briefly explain:



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References

Please provide three references. References should include employers, supervisors, coworkers, volunteer leaders, or others who have first-hand knowledge of your character, reliability, personality, social involvement, or professional activities. Please do not list relatives.

Reference 1

Name: _____

Phone Number: _____

Email Address: _____

Relationship to Applicant: _____

How long have you known this person? _____

Reference 2

Name: _____

Phone Number: _____

Email Address: _____

Relationship to Applicant: _____

How long have you known this person? _____

Reference 3

Name: _____

Phone Number: _____

Email Address: _____

Relationship to Applicant: _____

How long have you known this person? _____



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Application Agreement and Authorization

I hereby affirm that the information provided in this application is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may be sufficient cause for denial of this application or removal from the mentor program.

I understand that participation in the RFISD Mentor Program is a privilege and that Rockport-Fulton Independent School District reserves the right to approve, deny, or discontinue a mentor placement at any time.

I understand that acceptance into the RFISD Mentor Program is not automatic. All applicants must complete the application process, provide references, complete the required criminal history/background check process, and attend mentor orientation/training before being matched with a student.

I understand that, if approved, I will be required to review and sign the RFISD Mentor Program Agreement and Expectations before beginning mentor visits.

I give Rockport-Fulton Independent School District permission to contact the references listed in this application regarding my character, reliability, experience, and suitability to serve as a mentor.

I understand that RFISD policy requires criminal history records to be obtained for school mentors. I give the district permission to obtain criminal history information from any law enforcement agency pursuant to Section 22.083 of the Texas Education Code.

I understand that references, screening information, and personal information collected as part of this application process become part of the mentor application record and will be treated as confidential. I also understand that this information may be shared with district personnel involved in the mentor selection and placement process.

Signature: _____

Date: _____

Required Additional Forms

RFISD policy requires criminal history records to be obtained for school mentors. Please complete and return the following forms with this application:

Criminal History Release Authorization and Computerized Criminal History Verification Form

Return completed application, forms, and ID to any RFISD campus, by mail, or send via email.

Rockport-Fulton Independent School District
ATTN: Mentor Coordinator
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Rockport, TX 78381
Email: mentor@rfisd.us