



c.a.r.e.s.

Children are Reaching
Excellence with Support

PROGRAM OF INDIANOLA PROMISE COMMUNITY

One Hour a Day
Can Make a Big Difference



Children Are Reaching Excellence
with Support (C.A.R.E.S.)

Mentoring Program

is based in the elementary schools and
trains volunteer adults to provide social
and emotional support, through one-
on-one interaction with children.



Mentors & Mentees Role

The mentor becomes a friend, a confidant,
and positive role model for the child.

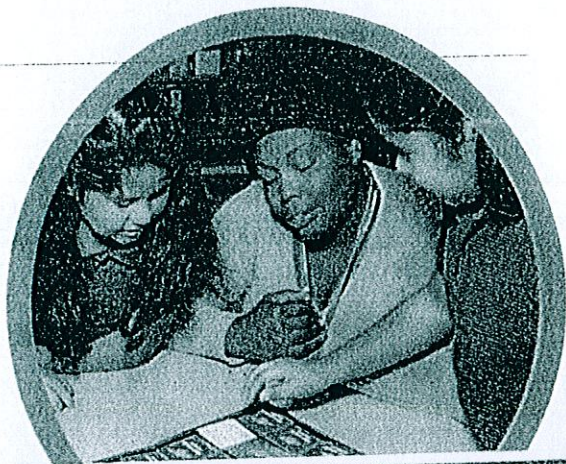
The goal is to enhance his or her self-esteem,
to improve attendance and academics, and
to provide intervention at an early age.

For example, a child who has a strong interest
in computers will be matched up with a mentor
who also has a strong interest in computers.

In general, the mentor is to be viewed as an adult
friend and not as a teacher or as a second parent.



Become a mentor!



The goal of the program is
to enhance children's self-esteem,
to improve attendance and academics,
and to provide intervention
at an early age.

How To Apply To Become A Mentor?

- Stop by Lockard or Carver Elementary School and ask to speak with the C.A.R.E.S. Site Coordinator.
- Let them know that you are interested in becoming a mentor. You will complete an application and taken through a short orientation.
- After, your application has been reviewed and you are assigned to a mentee, you will be contacted and able to start your weekly visits with your mentee.

Carver Site

404 Jefferson Street
Indianola, MS 38751
662-884-1250

Site Coordinator:

Melissa Walker

Lockard Site

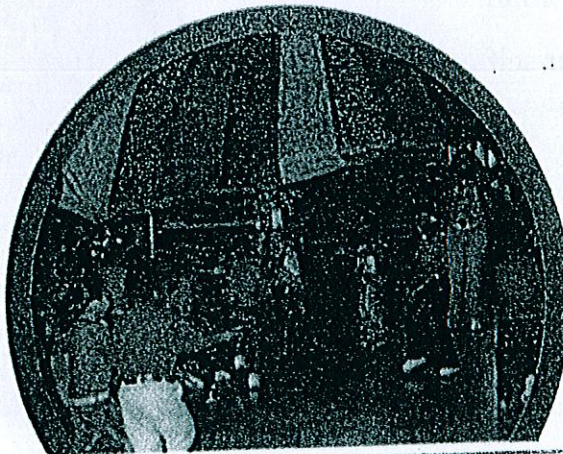
302 College Ave.
Indianola, MS 38751
662-207-6852

Site Coordinator:

Yalanda Preston

Monthly Events

- Birthday Celebrations are the last Friday of every month in the CARES room starting at 11am-2pm.
Mentors and Parents are welcome.
- CARES Committee Meetings, every first Tuesday @ 11:00 am.
(Location varies)
- Every day- Mentors are able to visit their mentee any weekday for one hour that day.
- Mentor of the Month selected each month and featured in the newsletter.



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For more information about
the C.A.R.E.S. Mentoring
Program, please contact

Shequille Johnson

@ 662-207-5278 or email:
sjohnson@deltahhealthalliance.org

ipc

Indianola
Promise Community
SUPPORTED BY DELTA HEALTH ALLIANCE

Children Are Reaching Excellence with Support (C.A.R.E.S.) Mentor Application

Name _____ Date _____

Gender _____ Race _____ Birth date _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Email Address _____

Job Title _____ Employer _____

Can you be contacted at work? ☐ Yes ☐ No Business hours _____

Length of time employed (with current employer) _____

1. Check education completed: High School _____ College _____ Other (explain) _____

2. What motivated you to participate in the CARES (Children Are Reaching Excellence with Support) Mentoring Program?

3. Can you meet with a child once a week during the school year for a minimum of 1 hr?

☐ Yes ☐ No

4. Do you have a preference as to: *If yes, state preference:*

a. The grade level of your mentee? ☐ Yes _____ ☐ No

b. The race of a mentee? ☐ Yes _____ ☐ No

c. The gender of your mentee? ☐ Yes _____ ☐ No

d. School? ☐ Lockard Elementary School K-2nd ☐ Carver Elementary School 3rd-6th

5. Would you be willing to work with a differently challenged child? ☐ Yes ☐ No

6. What are your hobbies/interest?

7. To what service or social groups do you belong?

8. Have you ever been convicted of a felony? ☐ Yes ☐ No

9. Do you object to a criminal background check? ☐ Yes ☐ No

10. Please list three references who have known you for more than one year.
Print complete names, addresses, telephone numbers, and relationship for three people
you authorize us to contact who would evaluate your qualifications as a volunteer.
Do not include more than one family member.

a. Name _____

Mailing Address/Zip Code _____

Phone Number _____ Relationship to you _____

b. Name _____

Mailing Address/Zip Code _____

Phone Number _____ Relationship to you _____

c. Name _____

Mailing Address/Zip Code _____

Phone Number _____ Relationship to you _____

Mentor Agreement

As a volunteer for the CARES (Children Are Reaching Excellence with Support) Mentoring Program,
I agree to the following:

- To attend a training session before beginning
- To be on time for scheduled meetings
- To notify the school office if I am unable to keep my weekly meeting
- To engage in the relationship with an open mind
- To accept assistance from my mentee's teacher
- To keep discussions with my mentee confidential
- To ask for assistance when I need help with my mentee
- To notify the agency of changes in my employment, address, and phone number

C.A.R.E.S. Mentor Signature _____ Date _____

6/2014

As a volunteer for Delta Health Alliance (DHA), I authorize DHA to release copy of the background review, performed on me and received by DHA, to the appropriate representative of the Sunflower Consolidated School District.

Printed Name

Date

Signature

As a volunteer for Data Health Alliance (DHA), I authorize DHA to release copy of the participant
review performed on me and received by DHA to the appropriate representative of the Summit
Collegiate School District.

Printed Name

Date

Signature

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Delta Health Alliance ("the Company") may obtain information about you from a consumer reporting agency for employment or volunteer purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records ("driving records"), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment or volunteerism with the Company is an investigation into your education, criminal and/or employment history conducted by Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Florida 33461, (888)605-4265, www.scottrobertsassociates.com, or another outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. One application per person. By signing this document you agree you have read and understand this disclosure.

Consumer's Signature

Print Consumer's Name

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at anytime after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Florida 33461, (888)605-4265, www.scottrobertsassociates.com, another outside organization acting on behalf of Delta Health Alliance, and/or Delta Health Alliance itself. I agree that a facsimile ("fax") or electronic or photographic copy of this Authorization shall be as valid as the original.

- State of Washington applicants and employees only: You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report, as well as, a written summary of your rights and remedies under Washington law.
- Massachusetts and New Jersey applicants and employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.
- New York applicants and employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
- Minnesota applicants and employees only: You have the right, upon written request to Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Agency must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐
- Oklahoma applicants and employees only: Please check this box if you would like to receive a copy of a consumer reoport if one is obtained by the Company. ☐
- California applicants and employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUAANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

Signature: _____ Date: _____

Print Name: _____

Other Names Used (alias, maiden, nickname): _____

Maiden Name (if applicable): _____

Current Address: _____

| Street/P. O. Box | City | State | Zip Code | County | Dates |
|------------------|------|-------|----------|--------|-------|
|------------------|------|-------|----------|--------|-------|

Former Address: _____

| Street/P. O. Box | City | State | Zip Code | County | Dates |
|------------------|------|-------|----------|--------|-------|
|------------------|------|-------|----------|--------|-------|

Former Address: _____

| Street/P. O. Box | City | State | Zip Code | County | Dates |
|------------------|------|-------|----------|--------|-------|
|------------------|------|-------|----------|--------|-------|

Current Employer: _____

| Company Name | City | State | Zip Code | Dates | Supervisor Name |
|--------------|------|-------|----------|-------|-----------------|
|--------------|------|-------|----------|-------|-----------------|

Former Employer: _____

| Company Name | Salary | Position | Hire/End Dates | Supervisor Name |
|--------------|--------|----------|----------------|-----------------|
|--------------|--------|----------|----------------|-----------------|

Education Information:

| Institution Name | Highest Degree Achieved | Major | Date Degree Awarded |
|------------------|-------------------------|-------|---------------------|
|------------------|-------------------------|-------|---------------------|

Driver's License #: _____ State: _____ Gender: _____ Daytime Phone: _____

Social Security Number: _____ * Date of Birth: _____ *

*This information will be used for background screening purposes only.