



A Lynden Community Mentor Program

Mentor Commitment:

- A minimum of 1 school year commitment.
- 1 hour per week, meeting with a student, one-to-one.
- During school class hours on the high school or middle school campus.
- 90 minute Orientation.
- Additional trainings will be available during the school year.
- Ongoing support will be available to mentors on a weekly basis as needed.
- Weekly written updates are given to the mentor coordinator by mentors.

Here are your next steps if you want to participate:

Please complete the application and return to:

Lisa Reynolds, Lynden High School, 1201 Bradley Rd.,
Lynden, WA 98264

OR email to

reynoldsl@lynden.wednet.edu

What happens next?

- A background check will be completed & your references called.
- You will attend a 90 minute orientation.
- The mentor coordinator will interview you to get a better idea of your background and interests. Your best meeting times will be established.
- The mentor coordinator will seek to find a student who is a perfect match for you. You will be informed about the student & given an opportunity to say yes or no. An initial meeting will occur. If both you and the mentee are satisfied with the match the fun will begin!

New Mentor Orientation: brand new mentors; 90 minutes; one-time training; turn in application in advance or bring it with you. New Mentor Orientations are scheduled throughout the year. Contact us for upcoming dates.

On-going Mentor Equipping: 4 sessions per year; open to all mentors. Learn new skills, hear from guest speakers, share mentor success stories, ask questions. Mentor Equipping Sessions will be advertised as scheduled. Dates coming soon!

Nancy McHarness

Partners For Schools-Director
betheone@partnersforschools.org
360-305-9568

Lisa Reynolds

Mentor Coordinator, LHS
Reynoldsl@lynden.wednet.edu
360.354.4401 x5295

Brian Clemmer

Mentor Coordinator, LMS
ClemmerB@lynden.wednet.edu
360.354.2952X3124



Lynden School District

APPLICANT DISCLOSURE STATEMENT

Pursuant to the requirements of RCW 43.43.834, Lynden School District must ask you to complete the following Applicant Disclosure Statement. This information will be kept confidential. Please answer fully and accurately.

Note Lynden School District will confirm your answers to these questions by:

- 1) Running a Washington State Patrol check for criminal convictions;
- 2) Searching the Washington Courts database for civil adjudications as listed below; and,
- 3) [Healthcare only] For licensed personnel, checking the Department of Health credentials database for disciplinary actions.

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon request.

1. Have you ever been convicted of a crime?

_____Yes _____No

If "yes," please identify the offense(s), provide the date(s) of the conviction(s), the name of the court(s), (e.g., King County Superior Court) and the sentence(s) imposed.

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or vulnerable adult in any civil adjudicative proceeding? Civil adjudicative proceeding includes judicial or administrative proceedings as well as findings by DSHS or the Department of Health that you have not administratively challenged or appealed.

_____Yes _____No

If yes, please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s), and the penalty(ies) imposed.

I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if hired, my employment is conditioned on satisfactory results of the background checks listed above. I have signed this Disclosure Statement on the date shown below at _____, Washington.

Date: _____ Signature: _____

Print Name: _____

10/28/2008

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

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REQUESTING AGENCY/ADDRESS

Lxnden School District

Agency

Heather Lenssen

Attn

1203 Bradley Rd

Address

Lxnden, WA 98264

City/State/Zip

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature

Date

Title

()
Area Code/Phone Number

@

PURPOSE

Check appropriate box

Educational School District (ESD)/School District
Volunteer- no fee

Non-Profit Business/Organization - no fee
(Excluding Schools & ESD's)

Profit Business/Organization- \$17

Adoptive Parent- \$17

Receive background results electronically

Email address _____

Password _____ (must be at least 8 characters)

Fees: Make payable to Washington State Patrol by check,
money order, or business account.

Notary letters certifying the results are
available upon request. There is an additional
\$10.00 processing fee per notary seal.

Notarized Letter(s)

@

APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

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

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WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip