



**Together We Transform Lives**  
**Mentor Application Instructions-California**

1. Complete Mentor Screening Paperwork including:
  - a. Mentor Application
  - b. Mentor Agreement
  - c. California Applicant Form (Live Scan Service)
  
2. Background Check Fees will be paid by TeamMates of San Diego N.C.

Fee includes: National background check	\$30
DOJ Fingerprint Fee	\$32
Processing Fee	<u>\$18</u>
	\$80

3. Complete the process for fingerprint clearance by following these steps:
  - A. Fill out the California Applicant Form (Live Scan Service)
  
  - B. Complete Fingerprint Scan process at:  
Del Mar Live Scan (at Postal Annex), 3830 Valley Centre Dr., Ste. 705, San Diego, CA. 92130  
Hours: M-F 9-5 Sa-S 11-4
  
  - C. You will need a **valid photo I.D.** and the **original** of the California Applicant Form.
  
  - D. The Department of Justice will provide the results directly to the TeamMates Mentoring Program. TeamMates will then contact you regarding the next steps.
  
4. California schools require a TB test for volunteers. **Complete the test and bring the results with you to the school where you are assigned to mentor.** Possible testing sites are listed at the end of this application.
  
5. Contact the Chapter Coordinator for TeamMates Mentoring Program San Diego North Coast with questions and for information on mentor training opportunities.

D. M. Eric Erickson  
Chapter Coordinator  
3525 Del Mar Heights Rd, #191  
San Diego, CA. 92130-2122  
310-880-1209  
[eerickson.sdncteammates@gmail.com](mailto:eerickson.sdncteammates@gmail.com)

6. Submit all 3 forms (Mentor Application, Mentoring Agreement, and 1 copy of California Applicant Form) to:  
TeamMates Mentoring Program  
11850 Nicholas Street Suite 120  
Omaha, NE 68154

Forms may be faxed to (402) 884-0883 or scanned to [screening@teammates.org](mailto:screening@teammates.org)

Please Return to:  
 TeamMates Mentoring Program  
 11850 Nicholas Street, Suite 120  
 Omaha, NE 68154  
 FAX: 402-884-0883

# TeamMates Mentoring Program Volunteer Application

I am applying to become a:  Mentor  Board Member (*invitation only*)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Maiden or other Legal Names \_\_\_\_\_

Date of Birth \_\_\_\_\_ Preferred Mailing Type:  Standard Mail  Email Chapter or School Preference \_\_\_\_\_  
If you don't know please write "unknown"

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ extension # \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail address(pls. provide) \_\_\_\_\_ Gender \_\_\_\_\_

The following information is requested for input into our database and is not a determinant of eligibility to be a mentor.

<p><b>Ethnic Indicator</b>          Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Race</b>  <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Pacific Islander  <input type="checkbox"/> Asian <input type="checkbox"/> White  <input type="checkbox"/> Black/African American <input type="checkbox"/> Other _____</p>	<p><b>What is your highest level of education completed?</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> High School</td> <td><input type="checkbox"/> BA/BS Degree</td> </tr> <tr> <td><input type="checkbox"/> High School Diploma</td> <td><input type="checkbox"/> Master's Degree</td> </tr> <tr> <td><input type="checkbox"/> College Courses</td> <td><input type="checkbox"/> PhD</td> </tr> <tr> <td><input type="checkbox"/> Associate's Degree</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> High School	<input type="checkbox"/> BA/BS Degree	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> College Courses	<input type="checkbox"/> PhD	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Other _____
<input type="checkbox"/> High School	<input type="checkbox"/> BA/BS Degree								
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Master's Degree								
<input type="checkbox"/> College Courses	<input type="checkbox"/> PhD								
<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Other _____								

**How did you hear about TeamMates?**

<input type="checkbox"/> I am a former TeamMates mentee <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Billboards <input type="checkbox"/> Personal Friend/Acquaintance _____ <input type="checkbox"/> Current Mentor (name) _____ <input type="checkbox"/> Board Member/Coordinator _____	<input type="checkbox"/> Social Media (site) _____ <input type="checkbox"/> I was nominated for the program by _____ <input type="checkbox"/> Business _____ <input type="checkbox"/> Faith Based _____ <input type="checkbox"/> Service Organization _____ <input type="checkbox"/> Presentation/Booth (where) _____ <input type="checkbox"/> Other _____
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**Please select one of the following that best categorizes your current employment/status (choose ONE only):**

Employed  
 Retired  
 Self Employed  
 Student (specify college or university) \_\_\_\_\_ (Expected graduation date) \_\_\_\_\_  
 Other

NAME OF EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

**Do you speak a second language?**  No  Yes, I speak \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please provide the following information for three references (required for eligibility).**  
 \* For applicants from Lincoln only non-family references are allowed so please list an additional friend or employer  
 \*\*Retired or self-employed applicants please list an additional friend reference.

	*Family Reference	Friend Reference	**Employer Reference
Name			
Relationship			
Cell Phone			
Home Phone			
Work Phone			
E-mail			

I give permission for TeamMates to run a criminal and abuse registry check. \* Background checks will be run every three years.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ 06.15



Together We Transform Lives

### TeamMates Mentor Agreement

I, \_\_\_\_\_ (your name) acknowledge that if accepted as a TeamMate Mentor, I agree to abide by the rules and regulations of the TeamMates Mentoring Program. I understand that the program involves spending time weekly at the assigned school with my student during the school year. I will be committed to at least three school years with my mentee, if possible. I have not been convicted or had final disposition of a conviction of any felony or misdemeanor classified as an offense against a person or family, or public indecency, or a violation involving a state or federally controlled substance. I am not currently under indictment. **I give permission for TeamMates to conduct a periodic criminal background check and child/adult abuse inquiry.** Further, I hereby fully discharge school personnel and participating companies or organizations from any and all liability, claims, causes of action, costs and expenses which may be attributable to my participation in the TeamMates Mentoring Program.

In connection with my application to volunteer, I understand that references may be requested that will include information as to my character, work habits, performance and experience.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference contacted by One Source, The Background Check Company or its agent, to furnish the information described above. I understand that in the event a decision is made based upon the results of my background check, a report will be furnished to me upon my request.

I also agree to the following:

- To actively participate in training sessions before beginning.
- To be on time for scheduled meetings.
- To sign in on the volunteer registration sheet at the school prior to each visit.
- To notify the school office if I am unable to keep my regularly scheduled meeting with my youth TeamMate.
- To engage in the one-to-one mentoring with an open mind.
- To accept assistance from the student's teachers and TeamMates Mentoring Program Coordinator.
- To keep discussions with the student confidential, except to inform the teacher or program coordinator about situations that negatively affect the student's health or welfare.
- To ask the program coordinator when I need assistance or do not understand something.
- To notify the program coordinator of any changes in my employment, address, or phone number.
- To notify the program coordinator of any problems or difficulties with the relationship.
- To notify TeamMates if any criminal charges brought against me while I am a TeamMates Mentor.
- To cooperate with the program's policies and procedures.
- To allow TeamMates to use my photograph/image or likeness as needed.

I understand the TeamMates Mentoring Program reserves the right to deny acceptance to any mentor and to terminate a mentor from the program.

**Yes / No Have you ever been given pretrial diversion?**

**I have read the above statements and agree to the contents. To the best of my knowledge and belief, all statements in my application are true and accurate.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Request for Live Scan Services**

**California Applicant Information Form**

**Applicant Submission**

AE196  
ORI (Code assigned by DOJ)

Volunteer  
Authorized Applicant Type

**Contributing Agency Information:**

TeamMates Mentoring Program  
Agency Authorized to Receive Criminal Record Information  
11850 Nicholas St Suite 120  
Street Address or P.O. Box  
Omaha NE 68154  
City State ZIP Code

15227  
Mail Code (five-digit code assigned by DOJ)  
Jaci McKeever  
Contact Name (mandatory for all school submissions)  
(402) 390-8326  
Contact Telephone Number

**Applicant Information**

\_\_\_\_\_  
Last Name  
Suffix

\_\_\_\_\_  
First Name Middle Initial

\_\_\_\_\_  
Other Name  
(AKA or Alias) Last

\_\_\_\_\_  
First Suffix

\_\_\_\_\_  
Date of Birth (M/D/Year) Sex  Male  Female

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Height Weight Eye Color Hair Color

\_\_\_\_\_  
Billing Number 151404  
(Agency Billing Number)

\_\_\_\_\_  
Place of Birth (State or Country) Social Security Number

\_\_\_\_\_  
Misc. Number  
(Other Identification Number)

Home  
Address Street Address or P.O. Box

\_\_\_\_\_  
City State ZIP Code

Please list all previous addresses for the past 20 years, as best you can (city, state, zip only)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Level of Service:  DOJ ONLY

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Transmitting Agency ATI NO. Amount Collected/Billed

Provide the original of this form and a photo ID to:

**Del Mar Live Scan**  
3830 Valley Centre Dr., Suite 705  
San Diego, CA 92130 Ph: 858-342-2389

Submit 1 copy of this Request for Live Scan form, the Mentor Application and Mentor Agreement to:

**TeamMates Mentoring Program**  
11850 Nicholas St., Suite 120  
Omaha, NE 68154 Fax: 402-884-0883  
Or scan to: [screening@teammates.org](mailto:screening@teammates.org)

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

# TB/Immunization Schedule

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## San Diego County Health & Human Services Agency

### **NO APPOINTMENT NECESSARY**

*Schedule subject to change. Please call ahead to verify location, days, times and fees.*

DPT, MMR, OPV, HEP B are offered for \$10

TB Skin Test = \$8 - Must return in two days to receive results.

Children under age 2 – free

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**North Central Region Public Health** Every Monday, Tuesday,

5055 Ruffin Rd Wednesday & Friday

San Diego 92123 8:00 - 11:00 a.m. and

858-573-7300 1:00 - 4:00 p.m.

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**North Coastal Public Health Center** Every Monday & Friday

104 S. Barnes St 8:00 a.m. - 12:00 p.m.

Oceanside 92054 1:00 - 4:30 p.m.

760-967-4401

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**North Coastal Region Satellite Clinic** 2<sup>nd</sup> Tuesday of every month

**Solana Beach Presbyterian Church** 1:00 - 5:00 p.m.

120 Stevens Ave – Debin Hall Room 13

Solana Beach 92075

***Please call North Coastal Region Public Health Center for information: 760-967-4401***