

# Leander ISD Student HEROES Mentor Program



## Mentor Information

Date: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Male or Female

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer/Organization Affiliation: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Best way/time to contact you: \_\_\_\_\_

Day(s)/time(s) available to mentor: \_\_\_\_\_

Interests, hobbies, or talents: \_\_\_\_\_

Academic strengths: \_\_\_\_\_

Are you bilingual? Yes or No Language(s) spoken: \_\_\_\_\_

List experiences working with youth: \_\_\_\_\_

Do you have children attending LISD? Yes or No List ages of children:

In case of emergency contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

## Mentee Preferences

Campus preference(s): \_\_\_\_\_

Grade level(s) preference? K-2<sup>nd</sup> 3<sup>rd</sup>-5<sup>th</sup> 6<sup>th</sup>-8<sup>th</sup> 9<sup>th</sup>-12<sup>th</sup>

What type of student would you like to mentor?

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### For Office Use Only:

Date Training Completed:  
Campus Matched:

Student:  
Grade:

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## Leander ISD **HEROES** Mentor Program

Below are guidelines for volunteer **HEROES** mentors. Leander ISD wants to ensure that the program benefits all of our participants in a meaningful way. Please contact us if you have any questions, concerns, or comments.

- Interactions between my mentee and me will take place only on an LISD campus, at district sponsored activities and/or program sponsored events.
- I will notify appropriate Leander ISD staff immediately if my mentee initiates out-of-program contact that is prohibited under this policy.
- I agree to commit to participate in the program for the length of the school year.
- I will participate in required training to participate in this program.
- I will notify the campus mentor coordinator if I will be late and/or unable to attend my scheduled meeting with my mentee.
- I will be respectful and courteous in all interactions with my mentee.
- I will respect the cultural, religious, and economic differences, ideas, and values of my mentees.
- I will not engage in any inappropriate communication with students. Inappropriate communication includes, but is not limited to, verbal abuse, swearing, conversations that include or refer to sexual content, and racist, or sexist language. Such communication is expressly prohibited and will result in dismissal from the program.
- I will not direct my mentee to any website, book, or other material unless I have personally screened the material in question and are sure that it contains no objectionable or adult content. If I am unsure about whether material is appropriate for my mentee, I will contact Leander ISD staff.
- I will share my feedback about the mentor program if requested by Leander ISD.
- I will contact the district's mentor coordinator if I have any concerns/problems in the mentoring relationship and/or with the campus I am assigned.

I understand and agree to follow these guidelines while participating in the **HEROES** Mentor Program.

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Print Name

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Signature

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Date