



Mentorship Program Application & Background Check

Holly Mackedanz, Alexandria Community Education
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Name _____ Address _____
Occupation _____ Employer _____ Work/Cell _____ / _____

Mentor program preference(s):

Match 2 Mentor _____ Grades 5-8 _____ Grades 9-12
Meet 4-6 hours per month outside of school

Lunch Buddy _____ Grades K-5
Meets twice/month in school during 40 min. lunch/recess

Email: _____

School: _____

Why do you want to be a mentor?

References (one personal and two professional):

_____	_____
Name (Personal)	Relationship
_____	_____
Cell Phone	Work Phone

_____	_____
Name	Relationship
_____	_____
Cell Phone	Work Phone

_____	_____
Name	Relationship
_____	_____
Cell Phone	Work Phone

I understand that acceptance of this application does not constitute acceptance into the program, and that assignment to a mentee is based on assessment by program staff and the availability of a suitable match for me. In making this application to be a volunteer mentor, I understand that the Mentorship program provides no auto insurance coverage for volunteers, and does not agree to indemnify said volunteer mentor for any legal liability arising out of transporting any person while on a volunteer assignment. I will notify the coordinator of the Mentorship Program if changes occur in my insurer's name or insurance coverage. The above information is true to the best of my knowledge. I give permission to Alexandria Public Schools-Community Education to contact the references provide as well as conduct a criminal background check.

Signature _____ Date _____

Match 2 Mentor Applicants Only

Vehicle Insurance Company _____ Policy # _____
Agent's Name _____ Agent's Address _____



THE MCDOWELL AGENCY, INC
background screening

The McDowell Agency, Inc.
1101 North Snelling Avenue
St. Paul, Minnesota 55108
Telephone: (651) 644-3880
Toll Free: (877) 644-3880
Fax: (651) 644-3877

DISCLOSURE AND AUTHORIZATION

[IMPORTANT—PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

As part of the volunteer service process, THE MCDOWELL AGENCY, INC. who is a vendor or service provider and its client Alexandria Public Schools may obtain information about you for volunteer purposes from a third-party consumer reporting agency. 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 credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. 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 and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained regarding applicants for volunteer service is an investigation into your education and/or employment history conducted by THE MCDOWELL AGENCY, INC., 1101 Snelling Avenue North, St. Paul, MN 55108, 651-644-3880, <http://www.mcdowellagency.com>. The scope of this notice and authorization is all-encompassing, however, allowing the Company and Sponsor to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your volunteer service to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or volunteers 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. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

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 and Sponsor at any time after receipt of this authorization and throughout my volunteer service 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, Volunteer Organization, or insurance company to furnish any and all background information requested by THE MCDOWELL AGENCY, 1101 Snelling Avenue North, St. Paul, MN 55108, 651-644-3880, <http://www.mcdowellagency.com>, another outside organization acting on behalf of the company, and/or the Company itself. THE MCDOWELL AGENCY Privacy Policy: <http://www.mcdowellagency.com/resources/frequently-asked-questions/>. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

STATE SPECIFIC RIGHTS OF APPLICANTS OR VOLUNTEERS

New York applicants or volunteers only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law. If you did not receive Article 23-A, please contact us or visit: <https://www.labor.ny.gov/formsdocs/wp/correction-law-article-23a.pdf>

Minnesota and Oklahoma applicants or volunteers only: Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the Company.

California applicants or volunteers only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Washington State applicants or volunteers only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Volunteer Organization please note: If a Minnesota or Oklahoma checks "YES" regarding the consumer report, or if a California consumer checks "YES" regarding the credit report (and you do request a credit report), you must provide the individual a copy of their report. If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report, unless you have made prior arrangements for THE MCDOWELL AGENCY to do so on your behalf.

By signing below, I acknowledge that I have read and understand the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, and STATE SPECIFIC RIGHTS OF APPLICANTS OR EMPLOYEES above.

Signature

Date (mm/dd/yyyy)

APPLICANT/CONSUMER INFORMATION

Please print legibly. This information will be used for background screening purposes only and will not be used as hiring criteria. **Please include a \$15.00 check made out to Community Education.**

Last Name

First

Middle

Other Names/Aliases

Date of Birth (mm/dd/yyyy)

Social Security Number

Driver's License Number

State Issued

Phone Number

Current Street Address

Current County

Current City

Current State

Current Zip

Volunteer Position(s)

Volunteer dates

Please list all previous addresses within the last seven (7) years: (attach a separate sheet if necessary)

Street Address

City/State/Zip

County

Dates of Residence

Street Address

City/State/Zip

County

Dates of Residence

Street Address

City/State/Zip

County

Dates of Residence

The above information is true and correct to the best of my knowledge. By signing below, I give The McDowell Agency, Inc. permission to perform an investigation into my background. If hired, this authorization is valid for the duration of my employment.

Signature

Date (mm/dd/yyyy)

