

PRIDE PAL

Mentorship Program



**Please complete and return to Kimberley Hudson (979-828-7300) at Roland Reynolds Elementary or Jerri Reagan (979-828-7200) at Franklin Middle School.

Name: _____

Phone:
(Hm) _____ (Cell) _____

Email: _____

Days available to mentor: M T W TH F

Times available to mentor between 8-3: _____

How many times a week would you be able to mentor? _____

Please sign acknowledging the following:

I will be a responsible mentor to a student at Reynolds Elementary/Franklin Middle School. I will keep all information confidential between the teachers and myself.

Mentor Signature

Date

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM
Confidential

The Franklin Independent School District is authorized by state law to obtain criminal history record information on any individual working with children in the district (Texas Education Code 22.083). The information requested below is necessary to obtain history record information.

PLEASE PRINT:

Name _____
Last First Middle

Social Security Number _____

Date of Birth _____

Sex: _____ Male _____ Female Ethnicity: _____ Black _____ White/Other

I understand that the information I am providing will be solely used for the purpose of obtaining criminal history record information and destroyed after the information is obtained.

Signature

Date

*Please attach a copy of your driver's license or other photo identification.