



## ASPIRE Mentor Position Description

ASPIRE (**A**ccess to **S**tudent assistance **P**rograms in **R**each of **E**veryone) is a program of the Oregon Student Assistance Commission (OSAC) that encourages post-secondary education and helps students find funds to meet the increasing cost of post-secondary education. Through ASPIRE, we provide access to information and funds for educational opportunities ranging from public and private four year colleges and universities to community colleges and to vocational training programs and apprenticeships.

One ASPIRE goal is to build a sustainable community of volunteers that provides mentoring to help students access education beyond high school. Another goal is to educate students and families on how to find money for education.

ASPIRE volunteers do not replace paid staff, but provide valuable additional resources to connect students to careers, training programs, colleges and funding. To build a sustainable community of volunteers to help meet this need, we need volunteer mentors.

### **Responsibilities**

- Meet on a regular basis with 1-10 assigned students
- Assist students to define their goals and the activities they need help with and record these on the “Student Tracker” form
- Attend volunteer meetings and trainings (orientation, ASPIRE Fall Conference, financial aid, scholarship search, etc.)
- Become familiar with the ASPIRE curriculum materials, website and other web resources
- Follow ASPIRE guidelines, school policies and regulations regarding confidentiality, meetings times, safety, etc.
- Report any volunteer accident or incident to the ASPIRE Coordinator
- Participate in the program year end evaluation

### **Qualifications**

- Desire and ability to work with teenage students
- Sensitivity to challenges faced by teenage students
- Interest in being trained in the college financial aid process
- Dependability and a strong sense of commitment
- Ability to maintain patient, non-judgmental attitude

### **Time Commitment**

- 2-5 hours per month for the school year
- Meet before school, after school or during a student’s lunch or free period

(over)

## ***Training***

The Oregon Student Assistance Commission (OSAC) staff and the ASPIRE Coordinator will provide training. OSAC will provide initial and ongoing training on guidelines, applying for financial aide and scholarships, college admissions and mentoring techniques. School staff will provide information on school policies and regulations, and current college access activities at the school.

## ***Benefits***

- Training on how to successfully apply to college & obtain financial aid
- Satisfaction of creating opportunities for more Oregonians to attend college and trade schools
- Tort liability insurance coverage

To return your application or for further information, you may contact:

▪ **Carolyn Johnson**  
ASPIRE Coordinator  
Email: [cjohnson@msd.k12.or.us](mailto:cjohnson@msd.k12.or.us)  
Phone: 503.565.4271

MHS Career Center, 615 NE 15<sup>th</sup> St., McMinnville, OR 97128



## Volunteer Application

<b>Name:</b>			
<b>Home Phone:</b>	<b>Message Phone:</b>	<b>Work Phone:</b>	
<b>Mailing Address:</b>		<b>City:</b>	<b>Zip:</b>
<b>Street Address (if different from above):</b>			
<b>E-mail Address:</b>			
<b>Have you lived in another state in the last five years? ____ Yes ____ No</b> If yes, which state(s):			
<b>Date of Birth:</b>			
<b>Emergency Contact Person:</b>		<b>Phone:</b>	
<b>Have you ever been convicted of a crime? ____ Yes ____ No</b>			
<b>If "Yes", please explain:</b>			
<b>Do you object to our agency running a background check on you? ____ Yes ____ No</b>			
<b>Occupation (current or before retirement):</b>			
<b>Education and training background:</b>			
<b>Experience with teens:</b>			
<b>If you have a disability and require accommodations to perform your assignment, please indicate:</b>			

(OVER)

How did you hear about this program?

**Personal References:**

Please list complete mailing address with zip code. References should have known you for at least 6 months, not be relatives or live in the same household.

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Signature	Date
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## ASPIRE Confidentiality Agreement

Confidentiality is the preservation of any privileged information concerning students that is disclosed in a professional working relationship.

The volunteer ASPIRE Mentor will keep the communication with his or her student confidential. All records dealing with specific students must be treated as confidential and be maintained according to school policy. ASPIRE Mentors will not discuss students' confidential information outside of the program.

General information, policy statements, or statistical material that is not identified with any individual or family is not classified as confidential.

Although the school is liable for a volunteer's acts within the scope of his or her duty, giving information to an unauthorized person could be interpreted as not acting within the scope of that duty and the school could refuse to support the volunteer in the event of a legal action. Violation of the Oregon Revised Statute regarding confidentiality of records is punishable upon conviction by a fine of not more than \$1,000 or by imprisonment in the county jail for not more than 60 days, or both.

The only exception to confidentiality restrictions is if a volunteer thinks a student is being physically or sexually abused or is involved in a life-threatening activity. This must be reported immediately to the school counselor and/or the police or State of Oregon child welfare agency.

My signature below certifies that I have read the material above and understand the confidentiality policy. I understand that my duty as a volunteer ASPIRE Mentor is to abide by the laws and policies regarding preservation of confidential information. I agree to the responsibilities described in the position description.

Signature: \_\_\_\_\_

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

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## ASPIRE Publicity Authorization

I give permission for the high school and the Aspire program to use my name, photograph or quotes in any form of ASPIRE publicity. I understand that I may withdraw my consent at any time by submitting a written request to the ASPIRE Coordinator.

Signature: \_\_\_\_\_

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



## Mentor Matching Information

This information may be used to match you with students who have similar interests or an interest in an area of work or education that you have experience with. You may continue your comments on the back of this sheet.

Name \_\_\_\_\_

Do any of your children live in our district? Please tell us their schools and grade levels.

Are there any students that you would prefer to be matched with? Please list:

Describe your experiences with college or other post high school training, work, education or volunteer experience:

Please list any special skills or interests that might be shared with a student (examples: art, music, science, math, hobbies).

Would you rather be matched with youth who have specific goals or with youth who have more general interests? Think about your comfort level, experience and special skills.

When are you available to meet with students? (Day and time)



McMinnville High School – Career Center  
Northwest Regional Education Service District  
5825 NE Ray Circle Hillsboro, OR 97124-6436  
503-614-1428

## Criminal History Verification of Applicants

**Please type or print clearly.**

As Appears on Legal Identification

Legal Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

List Other Names Previously Used: \_\_\_\_\_  
(includes Maiden Name)

Social Security No.: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Driver License/Identification Card No.: \_\_\_\_\_ Issue State: \_\_\_\_\_

*Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefit to which you are otherwise entitled. If you do provide the number the district will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.*

Address \_\_\_\_\_  
Street Apt # City State Zip

A. Have you **EVER** been convicted of a sex-related crime? \_\_\_ Yes \_\_\_ No

1. If yes, was the conviction in Oregon or another state? Please specify state: \_\_\_\_\_

2. If yes, did the crime involve force to minors? \_\_\_ Yes \_\_\_ No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence? \_\_\_ Yes \_\_\_ No

1. If yes, was the conviction in Oregon or another state? Please specify state: \_\_\_\_\_

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages? \_\_\_ Yes \_\_\_ No

1. If yes, was the conviction in Oregon or another state? Please specify state: \_\_\_\_\_

D. Have you **EVER** been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes) \_\_\_ Yes \_\_\_ No

E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal?  
\_\_\_ Yes \_\_\_ No

**Advisory:** A check of the applicant's criminal history will be made by the NWRES to verify the responses to the preceding questions.

I hereby grant to the school district permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the school district will conduct a criminal offender record check of applicants for all prospective school employees and volunteers working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and industries, Civil Rights Division, State office Building, Suite 1070, Portland, Oregon 97323, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: \_\_\_\_\_

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