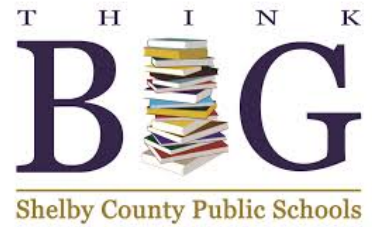


**WORK BASED LEARNING EMPLOYER/MENTOR VERIFICATION
SHELBY COUNTY PUBLIC SCHOOLS**



Instructions:

- You will **only need to submit ONE application to be eligible to serve as a work based learning employer or mentor at ALL Shelby County Public Schools.**
- Complete all of the information below, be sure to sign and date this application.
- Return the application to the work based learning coordinator or student advisor.
- Participate in the mandatory work based mentor/volunteer training. Any applicant, who was not on the approved list last school year, is required to participate in a training. Training material is also available as a handout. An applicant, who does not participate in training, cannot be approved.

The following information **MUST** be completed each year for each applicant. Please print.

Applicant's Name: First _____ MI _____ Last _____

Maiden or Alias Names: _____ Applicant's Date of Birth: __ __ / __ __ / ____

Applicant's Social Security Number : ____ - ____ - ____

Applicant's Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email address: _____ @ _____ . _____

WORK BASED LEARNING PROGRAM PARTICIPATION STATEMENT: *I understand that information concerning any teachers or students is to remain confidential and may not to be discussed outside of the school. I agree to attend an orientation/training session; abide by school rules, and Board of Education regulations and policies that apply to the work based learning program; honor my commitment to work as scheduled; and submit to a criminal records check, including driver's license, pursuant to KRS 17.160.*

Transportation Release: *As the employer, I certify that all vehicles used by my business or industry to transport student interns are licensed and insured pursuant to KRS 186.005, KRS 186.410, KRS 186A.040, and 806 KAR 39:070.*

Applicant Signature

Date

Principal/Designee Signature

Please Note - SCPS must pay a \$10.00 fee for each applicant's background check. If you would like to donate \$10.00 to help offset this cost to the district, please attach a check (payable to SCPS) to your application. Thank you.

For Office Use:	
Current Volunteer	_____
Expired Application	_____
New Volunteer	_____
BC Completed	_____
Rec'd Training	_____
IC Updated	_____