



Volunteer / Providers
Packet & Application

Please complete and return pages 4-7 of this packet to:
Kevin Matthews
info@mindsetmigration.org
(972)529-5044

Our Mission

Mindset Migration is a non-profit organization established to promote a renewed sense of thought, self confidence and purpose in our youth. The organization focuses on the youth's inner ability and self-worth as a positive contributor to society.

Vision Statement

Mindset Migration: cultivating, renewing, and molding the minds of our youth for a mental journey to success.

History

Mindset Migration is a non-profit organization located in Frisco, Texas established in 2011. We are dedicated to promoting a renewed sense of thought, self confidence and purpose in our youth; focusing on their inner ability and self-worth as a positive contributor to society. Mindset Migration's primary goal is to elevate our youth's consciousness above the limits of their adverse circumstances and conditions, focusing on the *limitless* possibilities of their future, driven heavily by leadership, mathematics, science and technology.

Programs & Services

Leadership & Communication Skills (K – 12th Grade)

Social Skills & Diversity (K – 12th Grade)

Math & Finance (K – 12th Grade)

Science & Technology (K – 12th Grade)

Mentoring & Tutoring Services (K – 12th Grade)

Career Planning Services (9th – 12th Grade)

Cooperative Education Partners (9th – 12th Grade)

Do's & Don'ts ...when volunteering at Mindset Migration

DO:

- Make sure that you have completed all volunteer paper work before beginning your assignment.
- Remember to always sign in & out. Anytime that you do not sign in or out your time will not be recorded as hours completed with Mindset Migration.
- Dress appropriately for where you will be assisting.
- Explore all volunteer opportunities. If a program is not of interest to you, you can always try something new. Be sure to let your Volunteer Coordinator know so that they can place you in the area of interest.
- Knock before entering a classroom or session. We want to minimize distractions for our instructors, mentors & children.
- Report any accidents to your volunteer coordinator. We will also ask you to fill out an accident report for our records that will be kept confidential.
- Be present and timely. If you are unable to volunteer please notify Volunteer Coordinator.
- Remember you are here to help Mindset Migration, be a positive role model and mentor for the kids & HAVE FUN!!!

DON'T:

- Smoke on site. Mindset Migration workshops and class facilities are smoke-free, providing safety for our children, staff & volunteers.
- Use vulgar language, indecent images, songs or writings. We want to maintain a positive learning environment for our children.
- Transport any child without the consent of the Program Director or Volunteer Coordinator.
- Do not fraternize or contact children outside of the program. No extended tutoring at child's home, no invites to your home or work, etc.
- Allow a student to use your personal electronics devices.

Mindset Migration Acknowledgement & Agreement

I, _____ have read and understand all of the Volunteer Packet guidelines for being involved at Mindset Migration and agree to work within the guidelines. I have had an opportunity to ask any questions about the material.

Print Name

Signature

Date

Background Verification Release Form

AGENCY INFORMATION

| | |
|---|---|
| Date | Agency Name Mindset Migration |
| Contact Name Kevin Matthews - info@mindsetmigration.org | |
| Agency's Main Phone Number (972) 529-5044 | Agency's Fax Number |

APPLICANT INFORMATION:

| | | | |
|---|---------------|---|--------------|
| Applicant Full Name (Last, First, MI) | | | |
| Current Address | | | |
| City | State | Zip Code | County |
| Social Security Number | Date of Birth | Driver's License Number | State Issued |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other | |

I hereby authorize Backgroundchecks.com and / or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. *I also understand that the criminal history could contain information presumed to be expunged.*

I further release and discharge Backgroundchecks.com and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to Backgroundcheks.com for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)