Mentor Application Form

*Complete and return to:*

# C-U One-to-One Mentor Program

# Champaign – Lauren Smith, 703 S. New, Champaign, IL 61820 (351-3722)

*Urbana – Angie Armstrong, 1201 S. Vine, Urbana, IL 61801(337-0853)*

*Email:* *smithla@u4sd.org* *or* *aarmstrong@usd116.org*

**Name:** Click or tap here to enter text.

**Mailing Address (include *city* and *zip*):** Click or tap here to enter text.

**Daytime Phone Number** (include best time to call): Click or tap here to enter text.

**Alternate Phone Number** (e.g. cell, home, etc): Click or tap here to enter text.

**Email** **Address**: Click or tap here to enter text.

**Employer**: Click or tap here to enter text. **Occupation Title:** Click or tap here to enter text.

**Gender:** Click or tap here to enter text. **Race:** Click or tap here to enter text.

**Please describe your work:**

Click or tap here to enter text.

**Please describe any special interests which may be helpful in matching you and your student (e.g. chess, computers, baseball, music, foreign language, crafts, etc.):**

Click or tap here to enter text.

**Other community interests or involvement:**

Click or tap here to enter text.

**Please describe any experience you have had working with young people:**

Click or tap here to enter text.

**Why do you wish to be a mentor in the C-U One to One Program?**

Click or tap here to enter text.

**What else would you like to tell about yourself?**

Click or tap here to enter text.

**Please describe your personality:** (please click on box to select)

[ ]  Quiet [ ]  Shy [ ]  Friendly [ ]  Sensitive

[ ]  Outgoing [ ]  Talkative [ ]  Adventurous [ ]  Inquisitive

[ ] Confident [ ]  Happy [ ]  Excitable [ ]  Nurturing

**What personality would you prefer your student to have?** (please click on box to select)

[ ]  like yours? [ ]  unlike yours?

**I prefer to mentor at:** (please click on box to select)

[ ]  Elementary [ ]  Middle School [ ]  No preference [ ]  Champaign Unit #4 [ ]  Urbana Dist. #116

**If have school location preference, please list:**

Click or tap here to enter text.

**List two preferences for mentoring time and day:**

1.Click or tap here to enter text.

2.Click or tap here to enter text.

**References (not family members) Include your current or most recent employer.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Email Adress** | **Daytime Phone** | **Relationship to you** |
| 1.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3 Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Where did you hear about the C-U One to One Program? (Check all that apply)**

[ ] Co-worker [ ] Employer [ ] Radio [ ] Web site

[ ] Friend [ ] Newspaper Article [ ] Brochure [ ] Other (please specify)

**MENTOR RELEASE STATEMENT**

I, the undersigned, hereby state that if accepted as a Mentor, I agree to abide by the rules and regulations of the C-U One to One Program. I understand that the program involves spending a minimum of one hour each week at school with my mentee from September through May. Further, I understand that I will attend an orientation and training session, be involved in training during the year, and communicate with the teacher regularly during this period. I will be committing two school semesters to the program and will then be asked to renew for another year. I have not been convicted, within the past ten years, of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or a violation involving a state or federally controlled substance. I am not under current indictment. I understand that a police check will be made to verify the above. Further, I hereby fully discharge school personnel, participating companies or organizations from any and all liability, claims, causes of action, costs, and expenses which may be attributable in the C-U One to One Program.

 I understand that the C-U One to One Program and the relationships established take place during the confines of the school day in Champaign-Urbana, IL. It is not part of any relationship established between mentor/mentee and family members beyond the school day.

 I have read the above Release Statement and agree to its contents. To the best of my knowledge and belief, all statements in this profile application are true and accurate.

|  |  |
| --- | --- |
| (Signature) Click or tap here to enter text. | (Date) Click or tap to enter a date. |

**For Office Use Only**

|  |  |  |
| --- | --- | --- |
| **Date Application Read**  | **Date Training Completed** | **School Location** |
| **Date Background Check Sent** | **Date Orientation Completed** | **Student** |
| **Date Background Check Read** | **District Assigned to** | **Date Inactive** |
| **Date References Checked** | **Date Assigned** | **Inactive reason** |
| **Date Interview Completed** |  |  |