



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

Please note that although we require a one-year commitment, we will ask you to reconnect with your mentee each following year, hopefully staying connected through their high school graduation.

Name:

Mailing Address (include *city* and *zip*):

Daytime Phone Number (include best time to call):

Alternate Phone Number (e.g. cell, home, etc):

Email Address:

Employer:

Occupation Title:

Gender:

Race:

Please describe your work:

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.):

Other community interests or involvement:

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

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

What else would you like to tell about yourself?

Please describe your personality:

- | | | | |
|------------------------------------|------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Shy | <input type="checkbox"/> Friendly | <input type="checkbox"/> Sensitive |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Talkative | <input type="checkbox"/> Adventurous | <input type="checkbox"/> Inquisitive |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Happy | <input type="checkbox"/> Excitable | |
| | <input type="checkbox"/> Nurturing | | |

What personality would you prefer your student to have?

____ like yours? ____ unlike yours?

I prefer to mentor at:

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

If have school location preference, please list:

List two preferences for mentoring time and day:

- 1.
- 2.

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

<u>Name</u>	<u>email address</u>	<u>daytime phone</u>	<u>relationship to you</u>
<i>Business name:</i>			
1.			
2.			
3.			

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

____ Co-worker	____ Newspaper Article
____ Friend	____ Radio
____ Employer	____ Web site
____ 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)

(Date)

For Office Use Only

____ Date Application Recd	Interviewed by:	School Location:
____ Date Backgrnd Chck Sent	____ Date Training Completed	Student:
____ Date Backgrnd Chck Recd	____ Date Orientation Comp	____ Date Inactive
____ Date References Checked	District Assigned to:	Inactive reason:
____ Date Int Completed	Date Assigned:	