



SACRAMENTO
STATE

Sac-MENTORING Application Packet and Instructions
Fall 2009

<http://www.csus.edu/org/sacment/sacmentoring.htm>

1. This packet contains the application form that is pertinent to the Sac-MENTORING program. This form will need to be submitted to the Sac-MENTORING office no later than **5pm on September 14, 2009**. You will also need to provide our office with a copy of your driver's license and proof of automobile liability insurance at the training session you choose to attend.

3. The course syllabus can also be found at the website above on the forms page.

2. Background investigation forms can also be found at the website above on the forms page (the same page you found this packet) and will need to be downloaded, completed and turned in to SCUSD no later than **September 7, 2009**. You will need to bring \$62.00 with you to the address below. SCUSD will accept cash, check, or money order only (**no credit cards**). The SCUSD background check office is located at:

5735 47th Avenue

Sacramento, CA 95824

HOURS OF OPERATION ARE:

9:00 AM to 6PM

MONDAY-FRIDAY

Closed 12-1pm for lunch

Phone: 643-7444

3. After you have been fingerprinted, you will be given a receipt for your background check and you will have the forms you filled out with you. All the background investigation forms and the pink sheet must be returned to the Sac-MENTORING office in Alpine 203 with your other forms by the date noted above (5PM on 9/14/2009). Failure to do so will cause a delay in meeting with your mentee and could affect your enrollment in this course.

4. Locations for the training sessions held on 9/15 & 9/16 will be announced during the second week of the semester. Additionally, you will need to have a TB test taken and read prior to the above mentioned training sessions. Your TB test can be taken and read at the student health center on campus or you can use your personal physician. Call the student health center at 278-6461 for hours and days you can take the test and have it read. **YOU MUST HAVE YOUR TB TEST READ WITH A NEGATIVE RESULT BEFORE YOUR MEET WITH YOUR MENTEE! I cannot enroll you in this course until I have the results in hand.** Typically, course enrollment begins as soon as you have completed the requisite training and have turned in all required paperwork.

I strongly recommend that you review the syllabus closely for information about reflection session dates/times, reflection paper due dates, and program events. SacCT will be used to communicate with team leaders, site coordinators, and fellow mentors so make sure you have an active internet connection.

Mentee _____

School: _____



SACRAMENTO
STATE

California State University, Sacramento
College of Health & Human Services

Sac-MENTORING

Fall 2009

MENTOR APPLICATION

1. Last Name: _____ First Name: _____ MI: _____

2. Address: _____

Street #	Street Name	Apt #
City	State	Zip

3. Phone: _____

Home	Work	Cell
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4. Do you have an active E-mail account? Yes No

5. E-mail address: _____

6. Social Security Number: _____ - _____ - _____ 7. Birth date: _____

8. Ethnicity: _____ 9. Gender: M F

10. Number of siblings: _____ 11. Position in family (first born, etc.) _____

12. Do you have any children? Yes No 13. If yes, how many? _____

14. What languages do you speak? (a) _____ (b) _____

15. Do you have a current, valid and unrestricted driver's license? Yes No

16. License Number: _____ 17. Expiration date: _____ 18. State: _____

19. Do you have your own transportation? Yes No

20. Do you have current auto insurance coverage? Yes No

21. If so, name of insurance company: _____ 22. Expiration date: _____

23. Have you ever been convicted of a felony, drug related crime, or sex offense? Yes No

24. If yes, write a detailed explanation:

***Please be prepared to bring your license and insurance certificate to your training session.**

25. Major: _____ 26. Minor: _____

27. Class level: _____ 28. GPA: _____

29. Long term career goal: _____

27. Clubs/Organizations: _____ 31. Awards/Honors: _____

32. # of units enrolled in this semester: _____ 33. Expected graduation date: _____

34. Do you understand that you will be enrolled in three units CRJ198 for your participation in *Sac-
MENTORING* once this completed application is submitted?

Yes No Please Initial: _____

35. What subjects do you feel you are competent in tutoring a high school student? Circle all that apply

Math Science History Computers English Spanish Job Skills

36. Other(s): _____

37. Employment history:

Name of current and past employers within the past 3 years	Dates and # of hours work each week	Job title and brief description of responsibilities

38. Current and past participation in community activities or other volunteer experiences:

Institution	Dates	Brief description of activity

39. Have you worked with adolescents before? Yes No

40. If yes, please explain:

41. Have you worked with people from different ethnic backgrounds before? Yes _____ No _____

42. If yes, please explain:

43. Provide a brief statement as to why you want to participate in the mentoring program:

44. Please list three of your hobbies and interests?

a. _____ b. _____ c. _____

45. Please list three personal strengths:

a. _____ b. _____ c. _____

46. Please list three personal weaknesses:

a. _____ b. _____ c. _____

47. Please rate your level of commitment to the mentoring program (circle one):

1 **Low** 3 4 **Medium** 6 7 8 **High** 9 10

48. What information, skill or training would you like to have in preparation for mentoring?

49. What expectations do you have of the mentoring program?

50. How long of a commitment are you willing and able to make to Sac-*MENTORING*?

- one semester two semesters until mentee graduates

51. How did you hear about this program?

- class announcement list class: _____ Professor: _____
 from a friend
 received a letter in the mail
 other (please explain) _____

52. Number of hours available for the program per week: _____

53. Which of the following training sessions are you able to attend? **You must circle at least one!**

Tuesday, September 16th (6:00-9:00pm) Location TBA

Wednesday, September 17th (6:00-9:00pm) Location TBA

****Note: A full training session is mandatory. You need to let us know which session you can make so we can assign you a slot. Coming late or leaving early is not acceptable.**

54. Would you be willing and able to participate in occasional weekend activities? Yes No
IMPORTANT NOTE: If you answer no, you might want to reconsider applying for this program as there are some weekend activities scheduled over the course of the semester

55. Please explain if unable to attend:

56. Have you ever participated in an experiential learning course before? Yes No

Name of course: _____

57. Check the boxes for all times that you would be AVAILABLE to meet with a mentee.

(Note: This information is critical for effective matching between you and your mentee. Please fill out completely. Include all times when you are not involved in other obligations such as school or work. We will use this availability in conjunction with your application to determine whether or not you will be accepted into the Sac-MENTORING Program)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> 10-11a	<input type="checkbox"/> 10-11a	<input type="checkbox"/> 10-11a	<input type="checkbox"/> 10-11a	<input type="checkbox"/> 10-11a	<input type="checkbox"/> 10-11a	<input type="checkbox"/> 10-11a
<input type="checkbox"/> 11a-12p	<input type="checkbox"/> 11a-12p	<input type="checkbox"/> 11a-12p	<input type="checkbox"/> 11a-12p	<input type="checkbox"/> 11a-12p	<input type="checkbox"/> 11a-12p	<input type="checkbox"/> 11a-12p
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<input type="checkbox"/> 8-9p	<input type="checkbox"/> 8-9p	<input type="checkbox"/> 8-9p	<input type="checkbox"/> 8-9p	<input type="checkbox"/> 8-9p	<input type="checkbox"/> 8-9p	<input type="checkbox"/> 8-9p

58. Here is a list of the reflection session times. Please circle the times that you will be able to attend, please circle as many times as possible. You must circle at least two time slots and you number them in the space provided so we know your preferences. Please ensure that you have no scheduling conflicts when choosing your reflection day/time.

Tuesday 5-5:50pm_____

Tuesday 6-6:50p_____

Wednesday 5-5:50pm_____

Wednesday 6-6:50pm_____

Thursday 5-5:50pm_____

Thursday 6-6:50pm_____

59. Please give us the name, address and daytime telephone numbers of three people who have known you for at least one (1) year and well enough to vouch for your character, reputation and morals. References will remain strictly confidential.

A) Name: _____ Daytime phone: _____

Address: _____

Relationship to applicant: _____

B) Name: _____ Daytime phone: _____

Address: _____

Relationship to applicant: _____

C) Name: _____ Daytime phone: _____

Address: _____

Relationship to applicant: _____

60. *In case of emergency, contact:*

Name: _____ Daytime phone: _____

Address: _____

Relationship to applicant: _____

I understand that transporting program participants in my strongly discouraged and if it is discovered that you are transporting your mentee to events not sanctioned by CSUS or the sponsoring High School, you will be held responsible for your actions and can be subject to discipline which results in termination of your enrollment in CRJ198.

The above information is true to the best of my knowledge. I grant permission to the Department of Criminal Justice to verify my employment and to contact the references provided.

Signature: _____ Date: _____

Printed Name: _____