



SACRAMENTO
STATE

CALIFORNIA STATE UNIVERSITY, SACRAMENTO

COLLEGE OF HEALTH AND HUMAN SERVICES

DIVISION OF CRIMINAL JUSTICE

Sac-*MENTORING* Program

Fall 2009

Mentee: _____

MENTOR RE-APPLICATION

1. Name:

Last

First

MI

2. Address:

Number

Street

City

State

Zip

3. Contact Info:

Home #

Work #

Cell #

Email Address

4. Social Security # _____

5. Date of birth:: _____

5. Do you have a valid/current driver's license?

Yes

No

6. Drivers License # _____

Expires:

State

7. Do you have your own transportation?

Yes

No

8. Do you have current auto insurance coverage?

Yes

No

9. Company providing coverage & expiration date:

Company

Expiration Date

10. Have you ever been convicted of a criminal offense?

Yes

No

If your answer is "yes", please provide details in the space provided below:

11. Your major is: _____ 12. Your minor is: _____

13. Class Level: _____ 14. GPA: _____

15. In the space provided below, please compose a brief narrative of your career goals.

16. Number of units taking this semester: _____ 17. Graduation Date: _____
Term Year

18. Do you understand that you will be enrolled in three units CRJ 198 for your participation in *Sac-MENTORING* once this completed application is submitted and you have attended the required training session?

- Yes
- No Please Initial _____

You will be contacted during the 2nd week of classes by *Sac-MENTORING* Program staff and notified of your application status. You will be assigned a reflection session day and time based on the information you provide in the availability section on the next page of this re-application form. If you decide that you do not wish to participate in the *Sac-MENTORING* Program after you have been enrolled, it is your responsibility to drop the course before the end of the add/drop timeframe.

19. 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

Other(s): _____

20. In the space provided below, please share with us some of your hobbies and interests.

21. If possible, would you like to be assigned the same mentee? Yes No

22. If you answered yes, please provide the name of your mentee. _____

On the next page you will be asked to provide timeframes that you are available to meet with a mentee.

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. Please recall that mentees attend school Monday-Friday between the hours of 8am & 3pm and their class schedule will be similar to yours)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8-9 am <input type="checkbox"/>	8-9 am <input type="checkbox"/>	8-9 am <input type="checkbox"/>	8-9 am <input type="checkbox"/>	8-9 am <input type="checkbox"/>	8-9 am <input type="checkbox"/>	8-9 am <input type="checkbox"/>
9-10 <input type="checkbox"/>	9-10 <input type="checkbox"/>	9-10 <input type="checkbox"/>	9-10 <input type="checkbox"/>	9-10 <input type="checkbox"/>	9-10 <input type="checkbox"/>	9-10 <input type="checkbox"/>
10-11 <input type="checkbox"/>	10-11 <input type="checkbox"/>	10-11 <input type="checkbox"/>	10-11 <input type="checkbox"/>	10-11 <input type="checkbox"/>	10-11 <input type="checkbox"/>	10-11 <input type="checkbox"/>
11-12 <input type="checkbox"/>	11-12 <input type="checkbox"/>	11-12 <input type="checkbox"/>	11-12 <input type="checkbox"/>	11-12 <input type="checkbox"/>	11-12 <input type="checkbox"/>	11-12 <input type="checkbox"/>
12-1 pm <input type="checkbox"/>	12-1 pm <input type="checkbox"/>	12-1 pm <input type="checkbox"/>	12-1 pm <input type="checkbox"/>	12-1 pm <input type="checkbox"/>	12-1 pm <input type="checkbox"/>	12-1 pm <input type="checkbox"/>
1-2 <input type="checkbox"/>	1-2 <input type="checkbox"/>	1-2 <input type="checkbox"/>	1-2 <input type="checkbox"/>	1-2 <input type="checkbox"/>	1-2 <input type="checkbox"/>	1-2 <input type="checkbox"/>
2-3 <input type="checkbox"/>	2-3 <input type="checkbox"/>	2-3 <input type="checkbox"/>	2-3 <input type="checkbox"/>	2-3 <input type="checkbox"/>	2-3 <input type="checkbox"/>	2-3 <input type="checkbox"/>
3-4 <input type="checkbox"/>	3-4 <input type="checkbox"/>	3-4 <input type="checkbox"/>	3-4 <input type="checkbox"/>	3-4 <input type="checkbox"/>	3-4 <input type="checkbox"/>	3-4 <input type="checkbox"/>
4-5 <input type="checkbox"/>	4-5 <input type="checkbox"/>	4-5 <input type="checkbox"/>	4-5 <input type="checkbox"/>	4-5 <input type="checkbox"/>	4-5 <input type="checkbox"/>	4-5 <input type="checkbox"/>
5-6 <input type="checkbox"/>	5-6 <input type="checkbox"/>	5-6 <input type="checkbox"/>	5-6 <input type="checkbox"/>	5-6 <input type="checkbox"/>	5-6 <input type="checkbox"/>	5-6 <input type="checkbox"/>
6-7 <input type="checkbox"/>	6-7 <input type="checkbox"/>	6-7 <input type="checkbox"/>	6-7 <input type="checkbox"/>	6-7 <input type="checkbox"/>	6-7 <input type="checkbox"/>	6-7 <input type="checkbox"/>
7-8 <input type="checkbox"/>	7-8 <input type="checkbox"/>	7-8 <input type="checkbox"/>	7-8 <input type="checkbox"/>	7-8 <input type="checkbox"/>	7-8 <input type="checkbox"/>	7-8 <input type="checkbox"/>
8-9 <input type="checkbox"/>	8-9 <input type="checkbox"/>	8-9 <input type="checkbox"/>	8-9 <input type="checkbox"/>	8-9 <input type="checkbox"/>	8-9 <input type="checkbox"/>	8-9 <input type="checkbox"/>

23. Below is a list with possible reflection session times. Please place a check in the box next to times that you will be able to attend WITHOUT SCHEDULING CONFLICTS. This means do not place a check in a box if that timeframe conflicts with any other course(s) or commitments you have in your life. Please check as many times as possible but you must choose a minimum of two. You may also place a number next to your choices that indicates the order of preference for each.

- | | |
|---|---|
| Tuesday 5-5:50 <input type="checkbox"/> | Tuesday 6-6:50 <input type="checkbox"/> |
| Wednesday 5-5:50 <input type="checkbox"/> | Wednesday 6-6:50 <input type="checkbox"/> |
| Thursday 5-5:50 <input type="checkbox"/> | Thursday 6-6:50 <input type="checkbox"/> |

Please read and sign the statement on the next page and submit your re-application to Alpine 203 before 8/20/09.

I agree that if I transport any person who is part of this program I will carry adequate liability insurance on my vehicle, or make sure any vehicle that I drive for mentoring purposes is insured, and I will use seat belts.

Signature: _____ **Date:** _____

Print Name _____