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 **August 30, 2013**. 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 noted on the syllabus. Only 30 students will be allowed to enroll in this course so acceptance will be based on a first-come, first-served basis.

2. The background investigation package 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 Sacramento City Unified School District (SCUSD) no later than August 21, 2013. Please retain the receipt (pink copy) you are given by SCUSD representatives and turn it in to my office in Alpine 203.

   a. All students will be mentoring at Rosemont High School and will need to download the form for Rosemont from the forms page at the above referenced web page using the forms link. You will need to bring $59.00 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. As noted in #2 above, after you have been fingerprinted, you will be given a receipt for your background check. Any and all 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 of the training/orientation session (September 10, 2013 from 6-8:30 with location to be announced). 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 session held on September 10th will be posted outside the Sac-Mentoring office in Alpine 203. 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 of the TB test in hand and you have completed the required training session.** Typically, course enrollment begins as soon as you have completed the requisite training and have turned in all required paperwork. As the syllabus has already been posted, I strongly recommend that you review it closely for information about reflection session dates/times, reflection paper due dates, and program events. SacCT will be used to communicate special announcement, events, and assignment due dates so make sure you have an active internet connection.
MENTEE

School: California State University, Sacramento
College of Health & Human Services
Division of Criminal Justice
Sac-MENTORING Program
Fall 2013
MENTOR APPLICATION

1. Last Name: ____________________________  First Name: ____________________________  MI: __________

2. Address:

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<th>Street #</th>
<th>Street Name</th>
<th>Apt #</th>
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3. Phone:

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4. Do you have an active E-mail account?  ☐ Yes  ☐ No

5. E-mail address: ____________________________________________


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: __________

22. 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 driver’s license and insurance certificate to the training session.


27. Class level: __________________________ 28. GPA: _________________________________

29. Long term career goal: __________________________


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:

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<th>Dates and # of hours work each week</th>
<th>Job title and brief description of responsibilities</th>
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38. Current and past participation in community activities or other volunteer experiences:

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<th>Brief description of activity</th>
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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):

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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. Please acknowledge by placing a check in the box below and providing your initials and the space next to it that you are aware that you must attend the training session to be held on September 10th (location TBA) from 6pm-8:30pm.

☐ _____________

**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)

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58. You cannot register for this course if you do not have an opening in your schedule on Mondays from 4:30-6pm as that is when reflection sessions will be held (in Alpine 212).
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 private automobile is discouraged and if it is discovered that I am transporting my mentee to events not sanctioned by CSUS or the sponsoring High School, I will be held responsible for my actions and can be subject to discipline which may result in termination of my enrollment in CRJ198.

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

Signature: ___________________________ Date: ________________

Printed Name: ____________________________________________________________