

Academic Mentoring Student Application

K-State Volunteer Center of Manhattan



**Civic Leadership
KSU Foundation Center
2323 Anderson Avenue, Ste 125
Manhattan, KS 66502**

phone (785) 532-3650 OR
(785) 532-3674
fax (785) 532-0671
e-mail julbug@ksu.edu OR
rdarby@ksu.edu



For Academic Year 20____ - 20 ____

Name _____

Class: FR SO JU SR Grad

Total hours of college credit completed _____

Cumulative GPA _____

Major(s) _____

Minor(s) _____

Are you Federal Work Study eligible? Yes No Don't Know

How did you learn about Academic Mentoring? _____

Which semester(s) do you plan to participate? Fall _____ Spring _____ Both _____

Are you certified in first aid? Yes No

K-State ID # _____

Date of birth _____

Are you a U.S. Resident? Yes No

If no, country of residence _____

Are you a Kansas Resident? Yes No

Do you speak a foreign language? Yes No

If yes, list language(s) _____

E-mail Address _____

How often do you check e-mail? _____

K-State Address

Permanent Address

(Street) *(Apt. #)*

(City) *(State)* *(Zip Code)*

Phone: _____
(Day)

(Evening)

(Street) *(Apt. #)*

(City) *(State)* *(Zip Code)*

Phone: _____
(Day)

(Evening)

For graduate students only

Undergraduate Degree and Major _____ Date received _____

Undergraduate university attended _____

•Continue Application on Back•

Please attach a copy of your class schedule

Please write a response to each of the following questions.

(Attach additional sheets if needed)

1. Why are you interested in becoming an Academic Mentor?

2. For this program you will be required to work a minimum of 10 hours per week, attend group orientation, turn in monthly reflections, and attend three training sessions throughout the semester. Given these responsibilities, how do you feel you will be able to balance your work obligations and your school obligations?

3. List activities and organizations you have been involved in, both on and off campus (community service, academic, special interest groups, etc.).

4. Describe skills and/or life experiences you have had that would help you as an Academic Mentor.

5. What groups would you prefer to work with? (Infants, preschoolers, elementary school children, high schoolers, parents)
Why? What type of settings would you prefer working in? (Group, one-on-one, in school, in local organizations)

Signature: _____

Date: _____

References: List two references who can provide information about your past employment or community experience. Professional references are preferred. We ask that you do not use personal references such as relatives or close personal friends.

Professional Reference 1 (see above)

Name _____

Address _____

Phone _____

Relationship _____

Professional Reference 2 (see above)

Name _____

Address _____

Phone _____

Relationship _____

**If you have any questions, concerns, or need an application extension,
please contact us!!**

Please attach a copy of your class schedule

MENTOR NOTICE PURSUANT TO THE PROTECT ACT

To the Mentors applicant:

On April 30, 2003, the Prosecutorial Remedies and Other Tools to end the Exploitation of Children Today (PROTECT) Act of 2003, Public Law 108-21, was signed into law. Section 108 of the PROTECT Act authorizes fingerprint-based state and national criminal history background checks to determine the fitness of persons associated with the Boys & Girls Clubs of America, the National Mentoring Partnership, or the National Council of Youth Sports. On January 5, 2006, the pilot program was extended until August 2008, and was expanded to include any non-profit organization that provides care to children.

Pursuant to the PROTECT Act, the organization to which you have applied to serve as a mentor may request a criminal history background check. This check will access criminal history record information held by the Federal Bureau of Investigation (FBI), and a determination will be rendered by the National Center for Missing and Exploited Children (NCMEC) as to the fitness to serve in that capacity. The determination rendered by NCMEC will be communicated to the Kansas Highway Patrol. The Kansas Bureau of Investigation and the Kansas Highway Patrol also will conduct criminal history background checks to determine your fitness to serve as a mentor, under the provisions of the National Child Protection Act (NCPA) and the Volunteers for Children Act (VCA). Prior to and after the completion of the background checks, the organization may choose to deny you access to children participating in its program.

Consistent with the provisions of the PROTECT Act, the NCMEC – jointly with the Boys & Girls Clubs of America, the National Mentoring Partnership, and the National Council of Youth Sports – established criteria that NCMEC will use in examining criminal histories and making fitness determinations. The four organizations determined that convictions for the six following crimes will prompt a determination that you “do not meet the criteria” to serve as a volunteer:

- Any felony
- Any lesser crime in which sexual relations is an element (including pornography)
- Any lesser crime involving controlled substances (including DUIs involving drugs)
- Any lesser crime involving force or threat of force against a person
- Any lesser crime involving cruelty to animals
- Any lesser crime against a minor

In addition, in any circumstance in which you have been arrested for a prohibiting offense, but the criminal history record does not indicate a disposition, or you have been arrested and subsequently cleared of one or more crimes against a child, the volunteer organization will be informed that you “may not meet the criteria” to serve as a mentor.

Lastly, in any circumstance in which no record is found, the Kansas Highway Patrol will be informed that you “meet the criteria” to serve as a mentor. Of course, the fitness

determination is only one part of the organization's applicant review, and the absence of a criminal history record does not ensure you will be considered acceptable by the organization.

Under the PROTECT Act, you must provide the volunteer organization with:

1. A set of fingerprints;
2. Your name, address, and date of birth (as it appears on a document made or issued by or under the authority of the United States Government, a state, political subdivision of a State, a foreign government, a political subdivision of foreign government, an international government, or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. 1028(d)(2));
3. A photocopy of the document described in paragraph 2; and
4. A statement of whether you have a criminal record and, if so, the particulars of such record. The attached application may serve as your statement of whether you have a criminal record and your acknowledgement that fingerprint-based records checks will be conducted.

Once the criminal background check is complete, you are entitled to: (1) obtain a copy of any criminal history record; and (2) challenge the accuracy and completeness of the criminal history record information. You may contact the Kansas Highway Patrol to challenge your criminal history information and/or fitness determination.

By signing the mentor application, you authorize: (1) the Kansas Highway Patrol (KHP) to obtain a complete set of your fingerprints and descriptive data and transmit them to the Kansas Bureau of Investigation (KBI) and the Federal Bureau of Investigation (FBI); (2) the KHP, KBI, and FBI to perform criminal history background checks; (3) the FBI to provide the National Center for Missing and Exploited Children (NCMEC) with the results of the check; (4) the NCMEC to inform the KHP of the results of the fitness determination; (5) the KHP to inform the volunteer organization of the results of the fitness determination; and (6) the volunteer organization to inform you of your fitness determination.

MENTOR APPLICATION PURSUANT TO THE PROTECT ACT

Organization Information

Volunteer Organization: K-State Volunteer Center of Manhattan
Address: 2323 Anderson Ave. Ste. 125 Manhattan, KS 66502
Contact Person: Lynda Bachelor
E-Mail: bachelor@ksu.edu

Applicant Information

Name of the applicant:

First Middle Maiden Last

Other names by which known: _____

Date of birth: _____

Address: _____
Street address Apt. #

City State Zip Code

Please check the appropriate box and, if necessary, fill in the requested information:

- I have a criminal record, and the following are the particulars (offense, date, location/jurisdiction, circumstance and outcome) of such record: _____

I do not have a criminal record.

By signing this form, I acknowledge that I have been provided a copy of this mentor notice and application. My signature constitutes an acknowledgement that criminal history checks will be conducted by the Federal Bureau of Investigation, the Kansas Bureau of Investigation, and the Kansas Highway Patrol. I have read and understood the foregoing, and my certification is true and correct to the best of my knowledge and belief. I swear and affirm that the fingerprints submitted in support of this application are mine.

Date: _____ Signature: _____

**K-State Volunteer Center of Manhattan
Academic Mentoring Availability Schedule**

Please complete this form with your availability for the upcoming semester. This is important as your availability will be a factor in matching you with a compatible placement site. Place an X in each time frame that you WILL be available to mentor *each week*. This includes time for a weekly planning session.

Name: _____

Work-study Eligible? Yes No Don't Know

Number of Hours Desired per week: _____
(Minimum of 10 hours)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
7 – 7:30 am							
7:30 – 8							
8 – 8:30							
8:30 – 9							
9 – 9:30							
9:30 – 10							
10 – 10:30							
10:30 – 11							
11 – 11:30							
11:30 – 12 pm							
12 – 12:30							
12:30 – 1							
1 – 1:30							
1:30 – 2							
2 – 2:30							
2:30 – 3							
3 – 3:30							
3:30 – 4							
4 – 4:30							
4:30 – 5							
5 – 5:30							
5:30 – 6							
6 – 6:30							
6:30 – 7							
7 – 7:30							
7:30 – 8							
8 – 8:30							

<p><i>Office Use</i> Work-study amount available: _____ Number of hours eligible to work: _____</p>
--