

## HandsOn Kansas State Academic Mentor Application



HandsOn Kansas State (formerly the K-State Volunteer Center of Manhattan) was created by the Kansas State University's Student Governing Association to support volunteer and service efforts in the greater Manhattan community. HandsOn Kansas State (HOKS) is a volunteer/action center and believes people can "be the change" in communities by making a difference and address the community needs.

#### **Academic Mentoring**

Two critical factors are strongly linked to K-12 student success; 1) bring more adults into a school to effectively and efficiently support student success (mentoring, tutoring, facility enhancement), and 2) provide quality youth leadership and service-learning experiences that create relevance in the curriculum. The need for mentors in schools and after-school programs continues to grow in the surrounding areas of the university. Mentors in Academic Mentoring have an opportunity to support student success, focus on youth development and meet a community need.

Academic Mentors must be Kansas State University students who commit to mentoring for a full

academic Mentors must be Kansas State Onliversity students who commit to mentoring for a full academic year, is interested in working with youth and families, and has an interest in community service. Students who are eligible for Federal Work Study are highly encouraged to become Academic Mentors. Students work 10 hours or more a week and attend month mentor meetings.

| Current Academic Year:                | K-State ID #:                                       |            |  |
|---------------------------------------|---|------------|--|
| Name:                                 | Date of Birth:                                      |            |  |
| Intended Date of Graduation:          | Are you a U.S. citizen or legal resident:  Yes  No  |            |  |
| Current GPA:                          | If no, country of residence:                        |            |  |
| Total college credit hours completed  | : Phone Number:                                     |            |  |
| Major(s):                             | Are you a Kansas resident? Yes No                   |            |  |
| Minor(s):                             | Do you speak other languages besides English Yes No |            |  |
| E-mail address:                       | If yes, list language(s)                            |            |  |
| Are you eligible for Federal Work Stu | udy?  |            |  |
| Yes No                                |   |            |  |
| How did you learn about the position  | and/or program you are appl                         | lying for? |  |
| Local Address:                        | Permanent Address:                                  |            |  |

## Please attach your resume along with a class schedule.

| 1. Why are you interested in becoming an Academic Mentor?  |   |  |  |  |
|--|---|--|--|--|
| List activities and organizations you have been i     (community service, academic, special interest gro   |   |  |  |  |
| 3. Describe skills and/or life experiences you have Academic Mentor.   | had that would help you as an   |  |  |  |
|  |   |  |  |  |
| Signature:   |   |  |  |  |
| Date:  |   |  |  |  |
| <b>References:</b> List two references who can provide infemployment or community experience. If you are cumusT list a Kansas State faculty or staff member as If you are a new or transfer student, one reference M your respective high school, community college, or on not use personal references such as relatives or close. | rrently a Kansas State student, you one reference. IUST be from a faculty member from ther university. We ask that you do |  |  |  |
| Faculty Reference (see above)  | Additional Reference (see above)  |  |  |  |
| Name:  | Name:   |  |  |  |
| Address:   | Address:  |  |  |  |
| Phone:   | Phone:  |  |  |  |
| Relationship:  | Relationship:   |  |  |  |

# Please read the following and initial 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.

Applicant Initials

### MENTOR APPLICATION PURSUANT TO THE PROTECT ACT

Volunteer Organization: HandsOn Kansas State Address: 103 Leadership Studies Building, School of Leadership Studies Kansas State University Manhattan, KS 66506 Contact Person: Lynda Bachelor, Project Coordinator E-Mail: bachelor@ksu.edu Name of the applicant: First Middle Maiden Last Other names by which known: Date of birth: Address 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: