

Mentor Application Form

Complete and return to:

C-U One-to-One Mentor Program
1201 S. Vine, Urbana, IL 61801 Urbana Coordinator: Angie Armstrong (217-337-0853) Email: aarmstrong@usd116.org

Name:				
Mailing Address (include <i>city</i> and <i>zip</i>):				
Daytime Phone Number (include best time t	to call):			
Alternate Phone Number (e.g. cell, home, et	tc):			
Email Address:				
Employer:	Occupation Title:			
Gender:	Race:			
Please describe your work:				
Please describe any special interests which recomputers, baseball, music, foreign languag	may be helpful in matching you and your student (e.g. chess, ee, crafts, etc.):			
Other community interests or involvement:				
Please describe any experience you have had working with young people:				
Why do you wish to be a mentor in the C-U One to One Program?				
What else would you like to tell about yours	self?			
Please describe your personality: Quiet Shy Outgoing Talkative Confident Happy Nurturing	FriendlySensitiveAdventurousInquisitiveExcitable			

What personality would you pro like yours?	efer your student to have unlike yours?	?	
I prefer to mentor at: Elementary Champaign Unit #4	_ Middle School _ Urbana Dist. #116	No preference	
If have school location preferen	ce please list:		
List two preferences for mentor 1.	ing time and day:		
2.			
References (not family member Name 6	rs) Include your current o email address	or most recent employer. daytime phone Business name:	relationship to you
2.			
3.			
One Program. I understand that the pro September through May. Further, I und year, and communicate with the teacher will then be asked to renew for another classified as an offense against a person substance. I am not under current indic fully discharge school personnel, partic and expenses which may be attributable I understand that the C-U Or school day in Champaign-Urbana, IL. I beyond the school day.	ate that if accepted as a Mento ogram involves spending a mini- lerstand that I will attend an ori- regularly during this period. I year. I have not been convicted or family, of public indecency attent. I understand that a poli- ipating companies or organizate in the C-U One to One Programe to One Program and the relationship of the part of any relationship of the Statement and agree to its co-	imum of one hour each week at ientation and training session, b. I will be committing two school ed, within the past ten years, of a y, or a violation involving a state ice check will be made to verify tions from any and all liability, of am. attionships established take place to established between mentor/mentorships established est	and regulations of the C-U One to t school with my mentee from be involved in training during the I semesters to the program and any felony or misdemeanor e or federally controlled to the above. Further, I hereby claims, causes of action, costs, e during the confines of the
in this prome appreation are true and a	ceurate.		
(Signature)	(D	Pate)	
	For Office U	Use Only	
Date Application Recd	Date Referen	nces Checked	Date Training Completed
Date Backgrnd Chck Sent	Date Int Con	mpleted	Date Orientation Comp
Date Backgrnd Chck Recd	Interviewed by:	District	Assigned to:

Date Assigned:
School Location:
Student:
Date Inactive

Inactive reason: