Campus Connections
Application Packet Fall 2019

Submit Applications by April 1st, 2019 at 5:00 pm to our office in Gifford 142

Welcome
Thank you for your interest in Campus Connections!
Campus Connections is a multidisciplinary service-learning course that pairs at-risk youth referred from the local community with CSU students in a one-on-one mentoring relationship. Students from all majors are invited to apply. As part of the Campus Connections 3 credit HDFS 470A course, students will study and employ best mentoring practices, learn about adolescent development, and implement wellness programming.
The mentoring will take place between CSU students and at-risk youth from Larimer County. The youth are 10-18 years old and are considered to be at-risk for a variety of reasons. Some Campus Connections youth have committed minor criminal offenses (Level 1, such as drug/alcohol possession or vandalism), and others are coping with difficult economic, family, social behavior, or other concerns.
During the Fall 2019 semester, Campus Connections will be offered Monday, Tuesday, Wednesday, and Thursday nights. Students must register for HDFS 470A after being accepted into the program. Mentoring will take place during weekly sessions that include individual tutoring, group meals, exercise and wellness, and positive enrichment activities, which will be student planned and implemented based on youth needs and interests. Students will participate in Campus Connections from 3-9 pm on their lab night. Youth will attend lab from 4-8 pm. Students will have Mentor Pre-lab (3:00-4:00) and Mentor Post-lab-(8:00-9:00) meetings focused on skill building and planning for the evening. In addition, students will reflect on lab and discuss weekly readings and other assignments related to mentoring.
If you have any questions during the application process, please do not hesitate to contact the Campus Connections Recruitment Coordinators.

Campus Connections Contact Information
Gifford Building, Room 142
970-988-9811
970-492-4004
CampusConnectionsRecruitment@gmail.com
Campus Connections Website
Application Checklist

1. Attend Information Meeting

Please choose a date from below or schedule an appointment by emailing
CampusConnectionsRecruitment@gmail.com

April 3, 10-11 a.m., Gifford 142  April 5, 3-4 p.m., Gifford 142  April 10, 4-5 p.m., Gifford 142
April 3, 3-4 p.m., Gifford 142  April 5, 5-6 p.m., Gifford 142  April 11, 11-noon p.m., Gifford 142
April 3, 5-6 p.m., Gifford 142  April 8, 6-7 p.m., Gifford 142  April 11, 2-3 p.m., Gifford 142
April 4, 11-noon, Gifford 142  April 9, 11-noon, Gifford 142  April 12, 2-3 p.m., Gifford 142
April 4, 1-2 p.m., Gifford 142  April 9, 2-3 p.m., Gifford 142  April 12, 5-6 p.m., Gifford 142
April 4, 7-8 p.m., Gifford 142  April 10, 1-2 p.m., Gifford 142

2. Collect Supporting Documents

Be sure to include the following with your application:

1. A list of 3 professional references. Please include names and contact information.
2. A resume with the relevant course work and work experience.
3. An unofficial transcript. First year CSU students should submit their unofficial high school transcript only when a CSU transcript is unavailable.
4. Your GPA. First year CSU students with no grades should list their high school GPA. Students with 3.0 GPA are prioritized

3. Complete and Print Mentor Application (Print Single-Sided)

Complete and print this application, then submit it to the Campus Connections Main Office in the Gifford Building, Room 142 by 5:00 pm April 1st, 2019. Any Applications submitted after the date will be accepted as space permits.

Application Review, Acceptances, and Course Registration Information

- Students will be notified within 1-2 weeks of the application due date regarding their acceptance status.
- If accepted, there are multiple steps students will be required to take in order to complete enrollment/registration, including submitting background checks and registering for the course in RamWeb.
- All Campus Connections students will register for HDFS 470A. The required registration form is attached to this application, and the registration process will be discussed in detail during the informational meetings.
- Accepted students will receive a detailed email outlining the requirements and next steps, including course registration information, training dates, and a link for students to formally accept their position as a mentor.
Campus Connections Mentor Application Fall 2019

Submit Applications by April 1st, 2019 at 5:00pm to Gifford 142.
Applications submitted after the due date will be accepted as space permits. Please print application single-sided as different pages go to different files.

Office Use Only:
Was application submitted by deadline?
Yes _____ N _____
Application reviewed by:

Name:
Phone Number:
eID (username):
Student ID#:
Email:
GPA (*students with a 3.0 GPA are prioritized):
Major (include second major/minor):
Academic Year:
Planned Graduation Date:
Key Community (Y/N):
Honors (Y/N):

1. **Have you been involved in Campus Connections before?**
   If yes, please tell us which year, semester, and your role.
   YES Semester(s): Year(s): Role(s):
   NO

2. **Why are you interested in participating in Campus Connections?**

3. **What special interests, skills, and talents do you have?**

4. **What else should we know about you or qualifications to serve a mentor?**

5. **Which lab section (3pm-9pm) would you prefer? Students must arrive at lab at 3pm.**
   Please rank choices 1-4 and indicate nights you are not available with X.
   Monday Tuesday Wednesday Thursday

6. **Which mandatory informational meeting did you attend?**
Campus Connections Commitment Statement

I have seriously examined my course load and other obligations (employment, family, etc.) for this semester and am confident that I am able to commit the time and energy needed to be a successful Campus Connections mentor. I understand that once I accept my invitation to participate in Campus Connections, shortly after, I will be paired with a mentee. Dropping the course after this time creates a significant hardship for the program and will be a major disappointment for the mentee with whom I have been assigned.

_initial here:_

I acknowledge that:

- Weekly attendance is mandatory. I will be working with a youth who expects me to be at CC each week. _Initial here:_
- I am required to attend weekly classes/training, including the all-sessions training scheduled _Friday, September, 6th from 4-8pm_. _Initial here:_
- I will not be excused and cannot miss lab to attend campus-related activities/events or other classes (e.g., Greek Life Recruitment, exam review sessions). _Initial here:_
- I am required to submit my background checks to the office by the deadline or I risk losing my spot in the course. _Initial here:_

[Double-check everything above is initialed]

Supporting Documents

Please include the following documents with this application packet:

- Attach a copy of your resume
- Attach a list of contact information for 3 professional references
- Attach a copy of your unofficial transcript(s)

Signature:

Date:
VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer and Employee Criminal History Service
For criminal history record information pursuant to the
National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), and the
Adam Walsh Child Protection and Safety Act of 2006

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective applicant, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (Name of Qualified Entity):

to submit a set of my fingerprints to the Colorado Bureau of Investigation (CBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I understand that I would be able to receive any Colorado records and any national criminal history record received by the requesting agency from the Federal Bureau of Investigation (FBI) pursuant to Title 28 Code of Federal Regulations (CFR) Sections 16.30-16.34. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Colorado and national criminal history record that may pertain to me to the qualified entity.

I understand that, until the criminal history background check is completed, the qualified entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the qualified entity will provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a timely determination as to the validity of my challenge before a final decision is made.

___ Yes, I have (OR) ___ No, I have not been convicted of or pled guilty to a crime.

If yes, please describe the crime(s) and the particulars:

I am a current or prospective (circle one): Applicant / Employee / Volunteer / Contractor or Vendor

Signature: ____________________________________________________ Date: ____________
Printed Name: __________________________________________________________________
Address: _______________________________________________________________________
Date of Birth: __________________________________________________

To Be Completed by Qualified Entity:

Entity Name: ____________________________________________________________________
Address: ________________________________________________________________________ Telephone: __________

Note: This document must be retained by the agency / qualified entity for audit purposes

COLLEGE OF HEALTH AND HUMAN SCIENCES
DEPARTMENT OF HUMAN DEVELOPMENT AND FAMILY STUDIES
303 Behavioral Sciences Building
1570 Campus Delivery
Fort Collins, Colorado 80523-1570
www.hdfs.chhs.colostate.edu
According to the Division of Youth Corrections (DYC) and the Department of Human Services policies regarding self-reporting, every person permanent, temporary, contract employee, student, or volunteer who has direct private individual contact with a Senate Bill 94 adolescent client shall be subject to clearance by background search, TRAILS database review/Colorado Department of Human Services (CDHS); finger printing, drug screen, and a self-reporting statement.

Self-Reporting Requirements:
All Center for Couple and Family Therapy, Campus Connections staff, or students must inform the Program Director within 24 hours if they are arrested for, charged with, or issued a summons for any of the following:
- Any misdemeanor or felony charge (only include traffic offenses that may result in the loss or suspension of a driver’s license)
- All alcohol and drug related offenses.
- Any information that may generate a listing with the Colorado background Investigations Unit (formerly Central Registry).
- All convictions of felony or misdemeanor offenses

Staff must provide charging documents of arrests and/or charges for any offenses. Failure to report an arrest/charge/summons within the established time frames shall be subject to corrective and or disciplinary action.

Attestation of no child abuse or neglect
In addition, I also attest that I have never had a confirmed report of child abuse or neglect.

Signature

Date

Printed Name
Request to Register for Campus Connections Group Study Credit (HDFS 470A)

Department of Human Development and Family Studies

In order to be selected to participate, students agree to the following policy guidelines. The purpose of this course is to encourage collaborative work between students through Campus Connections. This course will provide a significant experimental component to further students' studies. Students who apply should acknowledge the Access to Student Information form, complete the necessary application, and have a plan of study. The plan of study must describe learning objectives, evaluation criteria, responsibilities, and grading system. Upon approval students will be granted access to register for the course.

Name:
Semester:
Student ID Number:
Phone:
Major:
Cumulative GPA:
Semester:
Year:
Number of Credits Completed:
Semester:
Year:

Indicated the number of credits for which the independent study will be taken:

List of previously earned credit for supervised college teaching, research, group study, and/or independent study (include course, credits, semester and year):

Please attach to this form a typed plan for the Group Study. This is usually prepared by the supervising faculty.

This plan should include the following:
1. Learning objectives
2. A description of all activities that will constitute this collaborative learning experience
3. Procedures to be used by supervising faculty member in evaluating student performance
4. Grading system (traditional or pass/fail) THIS IS PROVIDED BY CAMPUS CONNECTIONS

I hereby certify that all information on this request if complete and accurate:

________________________________________
Student signature

Date

Approvals:

________________________________________
Supervising Faculty

Date

Department Head

Date
Mentor Profile

Name: ________________________________________  Age: _________________  Gender: ___________

My Interests (circle all that apply)

Sports and Exercise
- Archery
- Basketball
- Baseball/Softball
- Boxing/Kickboxing
- Bowling
- Dance/Zumba
- Football
- Fishing
- Golfing
- Gymnastics/Cheer
- Hiking
- Hockey
- Lacrosse
- Rock Climbing
- Running
- Skateboarding/Longboarding
- Soccer
- Skiing/Snowboarding
- Swimming
- Weightlifting
- Wakeboarding/Surfing
- Yoga/Pilates
- Other:

Music
- Alternative Rock
- Blues
- Classical
- Classic Rock
- Country
- Electric Dance Music (EDM)
- Folk
- Hip Hop
- Jazz
- Jam Bands
- Metal
- Pop
- Punk
- Rap
- R&B
- Reggae
- Rock
- Salsa
- Other
- Favorite Band/Singer:

Hobbies
- Animals/Pets
- Art
- Crafting
- Adventures/Road Trips
- School Success
- Camping
- Concerts/Music
- Cooking
- Dining Out
- Hanging Out With Friends
- Movies
- Photography
- Poetry/Creative Writing
- Reading
- Relaxation/Meditation
- Shopping
- Science
- Travel/Vacation
- TV/Netflix
- Video/Online Gaming
- Other:

About Me

Major(s): ____________________________  Favorite subject in school: ____________________________

Something interesting about me: ________________________________________________________________

Career Goals:________________________________________________________________________________

I want to be a mentor because: __________________________________________________________________