

STUDENTS SERVING STUDENTS (S³) MENTORING PROGRAM

RETURNER APPLICATION

Thank you for your interest in returning to the S³ mentoring program. We are happy that you enjoyed your experience and would like to mentor a child for another year. We are excited about what is in store for this year and that you would like to be part of the program's continued growth. Please read the following material carefully.

APPLICATION INFORMATION

- Students must submit a re-application (with the names and contact information of **two** references), fill out the application for Springfield School Volunteers, complete the Criminal Offender Record Information (CORI) form, submit copies of **two** forms of ID.
- You need to set up a ½ hour meeting with Rose Gage, Assistant Director of Learning Beyond the Classroom (Community Involvement), to discuss your application.
- This application is due no later than 4:30pm on **Friday, September 18th** to Rose Gage, Campus Center, room 249B or via email at rgage@wnec.edu.
- For an on-line copy, go to www1.wnec.edu/lbc/. Under the Volunteer Connection Center section, click on S³ Mentoring Application.

IF ACCEPTED...

- Students must attend a required training on both **Wednesday, September 30th** & **Wednesday, October 7th** from **3:00pm – 6:00pm at Duggan Middle School**. Food will be provided.
- The program will meet every **Wednesday at Duggan Middle School from 2:45pm – 5:00pm**, beginning **October 14, 2009**.
- The following are the dates of the program:

FALL SEMESTER

October 14, 21 & 28
November 4, 11, & 18
December 2, 9

SPRING SEMESTER

January 20, 27
February 3, 10, 17 & 24
March 3, 10, 24, & 31
April 7, 14, 21, & 28
May 5



SINCE 1969

PLEASE RETURN THE VOLUNTEER APPLICATION, CORI FORM AND PROOF OF IDENTITY TO:

195 State Street • P.O. Box 1410 • Springfield, MA • 01102-1410

Phone 413.787.7015

www.springfieldschoolvolunteers.org

S³ WNEC MENTORING PROGRAM

VOLUNTEER APPLICATION

(Revised July 2009)

Dr. Mr. Mrs. Ms. (PLEASE CIRCLE ONE) (LAST NAME) (FIRST NAME) (M.I.) Phone:

College/Employer/School: Western New England College College Mailbox #: (COLLEGE BOX #/EMPLOYEE MAIL STOP)

Mailing Address: (STREET) (CITY) (STATE) (ZIP CODE)

Cell Phone: Work Phone: (EXTENSION) Fax:

E-mail Address: Date of Birth: / /

CATEGORY: Parent/Grandparent (SCHOOL YOUR CHILD ATTENDS) Retiree Employee Release

College Work Study If yes, # of hours per week Do you have transportation? Yes No

Languages other than English you are fluent in: Skills/Hobbies/Interests:

School Preferred: Duggan Middle School # of hours per week you would like to volunteer: 2 hours and 15 minutes

TYPE OF VOLUNTEER ASSIGNMENT/GRADE LEVEL PREFERRED: K-2 3-5 X 6-8 9-12

Academic Tutor: Reading Math Biology Physics Chemistry Other:

Higher Level Math Tutor: Algebra I Algebra II Geometry Calculus Trigonometry What subject(s)?

Read Aloud Program Field Trip Chaperone PTO X Mentor : 6th grader at Duggan MS (Once a month October - February) Name and/or grade of student (if applicable)

Other How did you hear about us? Program advertised at WNEC Please explain

OPTIONAL: Gender: Male Female Race/Ethnicity: Black White Hispanic Asian Native American Multiracial

Indicate the day(s) and hour(s) you are AVAILABLE to volunteer:

Table with 8 columns for time slots (8:00-9:00, 9:00-10:00, 10:00-11:00, 11:00-12:00, 12:00-1:00, 1:00-2:00, 2:00-3:00, After school) and 5 rows for days (Monday, Tuesday, Wednesday, Thursday, Friday). Wednesday is highlighted with 'NOT APPLICABLE' and 'WORKING WITH THE S3 MENTORING PROGRAM ON WEDNESDAYS FROM 2:45PM - 5PM'.

Reference: Rose Gage, Assistant Director of LBC (Community Involvement) Phone: 413-782-1638

Your signature below indicates that you have read and agree with the following:

- I certify and attest that the above-mentioned information is true and complete to the best of my knowledge.
I understand that if I am placed, any volunteer work will take place only at the assigned location.
As required by the State of Massachusetts, I have completed the CORI form (on the other side) and provided a copy of a valid passport or copies of two forms of identification, one of which is a STATE ISSUED photo identification. Faxed paperwork cannot be accepted.

Signature: Date:

It is the policy of Springfield School Volunteers not to discriminate on the basis of race, sex, religion, age, national origin, handicap, color or veteran status.



Central Office
195 State Street
Post Office Box 1410
Springfield, MA 01102-1410
(413) 787-7180

THE PUBLIC SCHOOLS of SPRINGFIELD, MASSACHUSETTS

CORI REQUEST FORM

Springfield Public Schools has been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending. As an applicant/employee for the position of Springfield School Volunteers, I understand that a criminal record check will be conducted for conviction, non-conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT/EMPLOYEE SIGNATURE (Unless otherwise preempted by law)

DATE

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT CLEARLY)

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE NAME
_____ MAIDEN NAME OR ALIAS (IF APPLICABLE)	_____ PLACE OF BIRTH	
_____ DATE OF BIRTH	_____ SOCIAL SECURITY NUMBER (Requested but not required)	_____ ID THEFT INDEX PIN (If applicable)
_____ MOTHER'S MAIDEN NAME		
CURRENT AND FORMER ADDRESSES: _____ _____		
SEX: _____	HEIGHT: _____ ft. _____ in.	WEIGHT: _____ EYE COLOR: _____
STATE DRIVER'S LICENSE NUMBER: _____ <i>(Include state of issue)</i>		
***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____		
REQUESTED BY: _____ SIGNATURE OF CORI AUTHORIZED EMPLOYEE		

The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued as Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.

REFERENCES

Please provide the following information for **two** references. These individuals need to have known you for at least **one** year. You can ask current or past professors or high school teachers, coaches, staff members at WNEC, co-workers, and supervisors. **No family members or friends.**

Name: _____

How do you know this individual? _____

Daytime Phone #: _____ Email: _____

Name: _____

How do you know this individual? _____

Daytime Phone #: _____ Email: _____

MEETING TIME AVAILABILITY

As part of the application process, you will need to meet with Rose Gage for a ½ hour. This is a time to ask questions and find out more information about the program. **Please provide times that you can meet during the week**, between the hours of 8:30am & 4:30pm.

Mondays:

Tuesdays:

Wednesdays:

Thursdays:

Fridays:

Date: _____ Signature: _____