



Mentor Application

Full Name	Phone	Date of Birth	Gender	Race	Tribal Affiliation
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College Affiliation	Major/Minor	Current Cumulative GPA	Student Email Address
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Shirt Size:

Current job and work schedule:

I am interested in mentoring during the: Academic Year YES NO

Allergies:

Additional Medical Information:

Emergency Contact Name **Emergency Contact Phone**

By signing below anywhere within this document, you agree your **electronic signature is the legal equivalent of your manual signature on this Agreement**. By signing electronically, you consent to be legally bound by this Agreement's terms and conditions. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, or in accessing or making any transaction regarding any agreement, acknowledgement, consent terms, disclosures or conditions constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting contract between you and the Behavioral Health Department.

Criminal Background Check

I, _____ understand that a background check will be completed through the Child Abuse and Neglect background check through Verified Volunteers Sterling Talent Solutions. This background check will determine my eligibility to participate in the Zaagaate' Mentoring Program with the Behavioral Health Services of the Saginaw Chippewa Indian Tribe of Michigan (SCIT). I understand that any information found regarding my background check will be kept confidential within the Prevention Services Office of the SCIT Behavioral Health Operations Building.

Applicant Signature	Date
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Parent or Guardian Name (if under 18)	Parent or Guardian Signature
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M **F**

Student Full Name	Date of Birth	Race	Gender
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Behavioral Health Transportation Consent

I, _____ consent for transportation of myself to an activity/service being provided by the Saginaw Chippewa Indian Tribe Zaagaate' Mentoring Program.
Please Print Name

This consent is effective from _____ To _____ unless revoked by me in writing.
Date Date

In any event, this consent will expire automatically as follows _____
(Specify date, event or condition upon which this consent expires)

Signature _____ Date _____ Witness _____ Date _____

Photographic/Video Release

I, _____ do hereby agree that Behavioral Health Programs and its employees, and/or agents have the irrevocable right to use my name, picture, portrait, or photograph in all form and in all media and in all manners, without any restriction as to changes or alterations (including but not limited to composite or distorted representations or derivative works made in any medium) for advertising, publications, promotion, or other lawful purposes. I waive any rights to inspect or approve the photograph(s) or video(s) or finished version(s) incorporating the photograph(s) or video(s), including written copy that may be created and appear in connection therewith.

I hereby release and agree to hold harmless Behavioral Health Programs and its employees and all persons acting under its permission or authority from any liability arising with respect to any works mentioned in the paragraph above. I agree that the photographer(s) own the copyright(s) in these photographs and hereby waive any claims I may have based on usage of the photograph(s), video(s) or work derived there from, including but not limited to claims of either invasion of privacy or libel.

I agree that this release shall be binding on my legal representatives, my heirs, assigns, and me. I have read this release and am familiar with its contents. I further agree that I will not receive payment for participation in said photograph(s) and/or videotape(s) produced by Behavioral Health Programs, The Saginaw Chippewa Indian Tribe of Michigan and its agents.

Signature _____ Date _____



Mentor Agreement

I, _____, commit to participating in the Zaagaate' Mentoring Program. In becoming a mentor, I am aware of what is expected of me, and I agree to follow the stated guidelines:

- I understand that the Zaagaate' Mentoring Program does not encourage unsupervised contact between mentors and mentees and that interaction will only take place during the scheduled mentoring events.
- I commit to volunteer as a mentor for two semesters during the 2018-2019 academic school year.
- I will attend special mentoring events with my mentee throughout the academic school year.
- I will promote positive attitudes and behaviors.
- I will be a good role model for my mentee, maintain a positive attitude and be respectful to everyone within the Zaagaate' Mentoring Program.
- I will respect the cultural, religious and economic differences, ideas, and values of my mentee.
- I will not engage in any inappropriate interactions with my mentee. I understand that inappropriate communication includes, but is not limited to: verbal abuse, swearing, conversations that include sexual content, racist, sexist, or homophobic language or any other conduct deemed inappropriate by my school, the school of my mentee, the Zaagaate' Mentoring Specialist or any other Behavioral Health Staff.
- I will attend all required trainings and meetings.
- If, for any reason, I cannot attend training or a special mentoring event, I will promptly notify the Zaagaate' Mentoring Specialist.
- I will maintain confidentiality with my mentee.
- If my mentee alarms me with behavior or says anything that makes me fear for the safety of my mentee, I will immediately contact the Zaagaate' Mentoring Specialist and the school principal.
- I will abide by all school and state regulations.
- I will complete program evaluation surveys as needed at the end of every program sessions
- I understand that I will only be given a \$10.00 gift card for the time spent with my mentee during our weekly sessions in the schools.
- I understand that any gift card received must be documented correctly that it was received by me with the knowledge of my Zaagaate' Mentoring Specialist.
- I release my background check information to the Zaagaate' Mentoring Program.
- If I am involved or implicated in any criminal act at any time, I will immediately notify the Zaagaate' Mentoring Specialist of the incident, including the date, nature of the crime, and the jurisdiction in which it occurred.

I understand and agree to follow these guidelines while volunteering with the Zaagaate' Mentoring Program. I understand that failure to follow the above guidelines will result in my dismissal from the program.

Signature of Mentor

Date



Mentor Interest Form

Favorite things I like to do with other people are...

My favorite subjects to read about...

One goal I have set for my future...

What I want to do for a career...

My favorite food is...

My favorite animation movie is...

My favorite animal is...

The pets that I currently have are...

The sport/hobby I like to do is...

I enjoy being outside/inside more because...

Something new I would like to learn about Native
American Culture is...

What else is important to know about you to pair
you with a youth...

Mentor Availability	Monday	Tuesday	Wednesday	Thursday	Friday
1:00 pm					
1:30 pm					
2:00 pm					
2:30 pm					
3:00 pm					
3:30 pm					
4:00 pm					
4:30 pm					
5:00 pm					
5:30 pm					
6:00 pm					

Add any additional comments below:

Please rank your preference of times from: 1 "Most Preferred" to 6 "Least Preferred"

Rank	School	Day	Time
	Shepherd Elementary& Middle School	Monday	3:00 pm – 4:00 pm
	Fancher Elementary	Tuesday	3:44 pm – 5:15 pm
	Mary McGuire Elementary	Tuesday	3:44 pm – 5:15 pm
	Saginaw Chippewa Academy	Tuesday	3:15 pm – 5:15 pm
	Mount Pleasant Middle School	Wednesday	2:49 pm – 4:30 pm
	Renaissance Academy	Thursday	3:25 pm – 4:30 pm