

# P.A.L.S.

(Participation, Awareness, Learning and Sharing)

# EXPLORE



## CSU Student Application

**P.A.L.S.** is a mentoring program that pairs CSU students (Big Pals) with Asian/Pacific American elementary students **K-3<sup>rd</sup> grade** (Little Pals) in the Fort Collins community. Participants engage in various activities to learn more about Asian culture.

**Explore** is a new mentoring program that connects CSU students (Guides) with Asian/Pacific American **4<sup>th</sup>-6<sup>th</sup> graders** (Explorers) in the Fort Collins Community to support the development of youth's personal, social, and cultural identity.

**Please check below which program you will be applying for:**

P.A.L.S.

Explore

### Requirements and Expectations:

- This is an **academic yearlong** commitment from October 2016-April 2017
  - The last page of the application contains the general schedule for the 2016-2017 sessions.
- Volunteers are expected to attend all sessions.
  - If you are unable to attend any sessions, you are required to give the coordinators **and** your mentee notice **before the day of the session**.
  - You are allowed two excused absences.
  - Your mentee is the one who suffers when you are not there, so you must commit to be there for them.
- Volunteers will need to submit and complete a background check with the Poudre School District before the first session.
- Volunteers are required to have a GPA above 2.5
- Volunteers will be interviewed by the program coordinators.

***Please submit application by Friday, September 23<sup>rd</sup>, 2016***

**For Official Use Only:**

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date Received

**PERSONAL INFORMATION**

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
GPA

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Preferred Name

\_\_\_\_\_  
Local Street Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Preferred Method of Contact

Have you ever been convicted of a felony? (circle one)

Yes

No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT INFORMATION (optional)**

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Ethnic Origin(s) (optional)

\_\_\_\_\_  
Languages Spoken Other Than English

\_\_\_\_\_  
Year(s) in Higher Education

\_\_\_\_\_  
Major or Degree Path

**PAIRING OPTIONS**

If you participated in these programs last year and are interested in remaining with the same Little Pal/Explorer, please indicate the mentees' name(s):

\_\_\_\_\_, \_\_\_\_\_.

Please **rank** (1-5) in order of preference for pairing      1=highly preferred 5=least preferred

\_\_\_\_\_ Same gender

\_\_\_\_\_ Similar interests

\_\_\_\_\_ Similar ethnicity

\_\_\_\_\_ Other (please specify)

\_\_\_\_\_ Indifferent

\*Please recognize we'll try to accommodate your preferences, but we can't guarantee anything.

**MEDICAL INFORMATION**

Please indicate any allergies, special medications, chronic or acute illnesses/diseases.

\_\_\_\_\_  
\_\_\_\_\_

Does you have any physical limitations? (participation in particular sports or activities)

\_\_\_\_\_  
\_\_\_\_\_

Any other important medical information

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCE(S) (one is required)**

Name:

Relationship:

Phone:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**INTERESTS/HOBBIES**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**OTHER INFORMATION**

Why are you interested in participating in P.A.L.S./Explore?

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What other organizations are you involved in or plan to be involved in and what are your time commitments to these organizations? Please include any work commitments as well.

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Are you aware of any periods of time you will be unable to attend PALS or Explore such as family visiting, vacation, or other events?

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Are you interested in participating in (please check box or boxes):

- P.A.L.S. (K-3rd)
- Explore (4th-6th)
- Indifferent

**ACKNOWLEDGEMENT AND AUTHORIZATION**

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application and false or misleading information given may result in dismissal.
- I understand and acknowledge the requirements listed on the cover letter for participating in P.A.L.S. or Explore. Failure to meet requirements may result in dismissal from the program.
- I have signed and attached my photo consent release form.

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Signature

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Date

## **P.A.L.S. and Explore**

2016-2017 Photo Consent Form

I acknowledge that since my participation in the P.A.L.S. and Explore Program with A/PACC is voluntary, I will receive no financial compensation.

I authorize A/PACC to publish photos of me for the purpose of publicizing and promoting the P.A.L.S. and Explore programs. I understand that A/PACC will not release my name and will only be publishing photos of me.

Additionally, I waive my right to inspect or approve the finished project before publication. I release A/PACC from all claims, demands, and causes of action.

I have read this release form before signing below and fully understand the contents, meaning, and impact of this release.

- I agree and give A/PACC permission to take and publish photos of me.
- I disagree and do **not** give A/PACC permission to take and publish photos of me. I understand that by disagreeing to this photo consent form, photos of me may or may not appear in a end of the year slideshow.

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Print Name

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Signature

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Date