

Campus Connections

Application Packet

Fall 2020

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 UCCS students in a one-on-one mentoring relationship. All undergraduate majors are welcome to apply. As part of the Campus Connections 3 credit COUN 4950 course, students will study and employ best mentoring practices, learn about adolescent development, and implement wellness programming.

UCCS students will be mentoring at-risk youth from El Paso County. The youth are middle schoolers and are considered to be at-risk for a variety of reasons. Some Campus Connections youth may 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.

Campus Connections takes place weekly during sessions that include individual tutoring, group meals, 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 Thursday nights. Youth will attend the program from **4-8 pm**. Students will have pre-(3:00-4:00) and post-(8:00-9:00) lab meetings to plan for and reflect on lab and discuss weekly readings and other assignments related to mentoring facilitated through Canvas.

For the Spring 2020 session, Campus Connections will be offered Thursday nights. Students must register for COUN 4950 once accepted into the program.

If you have any questions during the application process, please do not hesitate to contact the Campus Connections Recruitment Coordinators at:

cconnect@uccs.edu or mcammell@uccs.edu

Phone: 719-255-3891

Application Checklist for Students interested in Campus Connections:

Attend one of the mandatory informational meetings (dates and locations listed below).

- ☐ Watched info session video: <https://www.youtube.com/watch?v=5Bld1wwMDc4&t=5s>

Download this application from the website, fill it out, scan it (download a free app called Genius Scan) email to mcammell@uccs.edu. Include the following with your application:

- ☐ A list of 2 professional references (names and contact information).
- ☐ A resume with the relevant course work and work experience.
- ☐ An unofficial transcript

Course Registration Information:

Once students have been accepted to Campus Connections, background checks, finger printing, and registration must be completed. Please carefully review the items below:

- ☐ Students will be notified within one week of the application due date regarding their acceptance status. If accepted, students will receive an email with the appropriate registration code for the course number for your major.
- ☐ Background checks and finger printing are required for all students accepted to Campus Connections (nonrefundable). Total cost is approximately \$50, however, there will be no textbooks required for this course
- ☐ Registration for Campus Connections will be discussed in depth at the mandatory informational sessions.
- ☐ All Campus Connections students will register for COUN 4950.
- ☐ Students will be expected to pay for their meals or bring their own dinner during program nights.

Email to mcammell@uccs.edu

Campus Connections

Mentor Application

Fall 2020

Office Use Only:

Date application submitted:

Application reviewed by:

Date: _____

Name: _____ Phone Number: _____

T-Shirt size: _____ Student ID#: _____

Email: _____ GPA: _____

**Students with 3.0 GPA are prioritized*

Major (include 2nd major/minor): _____ Birth Date: _____

Academic Year: _____ Planned Graduation Date: _____

Have you been a student employee at UCCS (Y/N): _____ Honors (Y/N): _____

Why are you interested in participating in Campus Connections?

What special interests, skills, and talents do you have?

What else should we know about you or your qualifications to serve as a mentor?

Which mandatory informational meeting did you attend?

- ☐ Watched info session video: <https://www.youtube.com/watch?v=5Bld1wwMDc4&t=5s>

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 and submit the follow up paperwork (i.e. mentor profile) I will soon be matched 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: _____

Please include the following documents with this application packet:

- ☐ Attach a copy of your **resume**.
- ☐ Attach a copy of **contact information for 2 professional references**.
- ☐ Attach a copy of your **unofficial transcripts**

Signature

Date

MENTOR PROFILE

Name:	Gender:
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My Interests

Sports and Exercise: <ul style="list-style-type: none"> <input type="checkbox"/> Archery <input type="checkbox"/> Basketball <input type="checkbox"/> Baseball/Softball <input type="checkbox"/> Boxing/Kickboxing <input type="checkbox"/> Bowling <input type="checkbox"/> Dance/Zumba <input type="checkbox"/> Football <input type="checkbox"/> Fishing <input type="checkbox"/> Golfing <input type="checkbox"/> Gymnastics/Cheer <input type="checkbox"/> Hiking <input type="checkbox"/> Hockey <input type="checkbox"/> Lacrosse <input type="checkbox"/> Rock Climbing <input type="checkbox"/> Running <input type="checkbox"/> Soccer <input type="checkbox"/> Skateboarding/Longboarding <input type="checkbox"/> Skiing/Snowboarding <input type="checkbox"/> Swimming <input type="checkbox"/> Weight Lifting <input type="checkbox"/> Wakeboarding/Surfing <input type="checkbox"/> Yoga/Pilates <input type="checkbox"/> Other: _____ 	Music: <ul style="list-style-type: none"> <input type="checkbox"/> Alternative Rock <input type="checkbox"/> Blues <input type="checkbox"/> Classical <input type="checkbox"/> Classic Rock <input type="checkbox"/> Country <input type="checkbox"/> Electric Dance Music (EDM) <input type="checkbox"/> Folk <input type="checkbox"/> Hip Hop <input type="checkbox"/> Jazz <input type="checkbox"/> Jam Bands <input type="checkbox"/> Metal <input type="checkbox"/> Pop <input type="checkbox"/> Punk <input type="checkbox"/> Rap <input type="checkbox"/> R&B <input type="checkbox"/> Reggae <input type="checkbox"/> Rock <input type="checkbox"/> Salsa <input type="checkbox"/> Other: _____ <input type="checkbox"/> Favorite Band/Singer: _____ 	Hobbies: <ul style="list-style-type: none"> <input type="checkbox"/> Animals/Pets <input type="checkbox"/> Art <input type="checkbox"/> Crafting <input type="checkbox"/> Adventures/Road Trips <input type="checkbox"/> School Success <input type="checkbox"/> Camping <input type="checkbox"/> Concerts/Music <input type="checkbox"/> Cooking <input type="checkbox"/> Dining Out <input type="checkbox"/> Hanging Out With Friends <input type="checkbox"/> Movies <input type="checkbox"/> Photography <input type="checkbox"/> Poetry/Creative Writing <input type="checkbox"/> Reading <input type="checkbox"/> Relaxation/Meditation <input type="checkbox"/> Shopping <input type="checkbox"/> Science <input type="checkbox"/> Travel/Vacation <input type="checkbox"/> TV/Netflix <input type="checkbox"/> Video/Online Gaming <input type="checkbox"/> Other: _____
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About Me

Major(s):	Something interesting about me:
Favorite subject in school:	My pet peeves:
Career goals:	I want to be a mentor because...



University of Colorado

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UNIVERSITY RISK MANAGEMENT

Volunteer Agreement and Waiver

Volunteer's Name	
Address	
City/State/Zip	
Date	

Please complete all of the grey fields.

The University of Colorado welcomes you as an authorized volunteer in the Department of Counseling and Human Services at the University of Colorado.

The scope of your volunteer activities includes: At- risk youth mentor for Campus Connections.

As a CU volunteer, you will ☒ will not ☐ have to undergo a background check.

Your university activities span August 27, 2020- December 10, 2020 working between the hours of 3pm- 9pm

Your volunteer coordinator will be Molly Cammell, Campus Connections Program Manager, 719-255-3891.

You will be required to have the following trainings and follow the location specific safety requirements.

- Persons required to report child abuse or neglect safety training based on risk assessment (§ 19-3-304)
- HIPAA, FERPA
- sexual harassment, non-discrimination and standards of conduct
- alcohol, drug and marijuana use and smoking in the workplace
- confidentiality and computer use guidelines
- emergency response requirements
- Appropriate internet usage and safety
- Misuse of prescription/state altering over-the-counter substances

As a volunteer you are not an employee or contractor as determined by FLSA 29 CFR §553.103 and will not be compensated monetarily for your volunteerism. There is no expected work product. You are not eligible to receive workers' compensation, but general liability insurance is provided during the period for which you are acting in the capacity of an authorized volunteer.

Volunteer Emergency Contact Information

Emergency contact names and phone numbers:

University of Colorado Notice of Risk and Waiver of Responsibility Agreement

The Colorado Workers' Compensation Act (C.R.S. § 8-40-202) provides that a volunteer is not an employee for workers' compensation purposes. Therefore, as a volunteer, you are not an employee or agent of the University of Colorado for workers' compensation purposes. You are not entitled to receive workers' compensation benefits or any other benefits of employment from the University of Colorado, including, but not limited to, health care, vacation, or sick time. In the event of an injury requiring medical care, you or your personal health insurance will be responsible for payment of all medical care.

Separate and apart from workers' compensation, pursuant to the Colorado Governmental Immunity Act (C.R.S. § 24-10-103(4)(a)), an authorized volunteer is defined by as a "Public Employee" for governmental immunity purposes only.

Use of a privately owned vehicle, including the operation or as a passenger, may be an option while participating in the volunteer activity. The University of Colorado does not provide liability or physical damage insurance coverage on privately owned vehicles. The vehicle owner must provide the liability and physical damage insurance coverage for privately owned vehicle.

If I am a current University of Colorado (CU) employee, I certify that this volunteer activity is not the same or similar to my duties as a CU employee.

I exercise my own free choice to participate in the designated activity. I understand and assume all associated risks. These risks include, but are not limited to **experiential activities, pro-social activities involving physical activity and walk and talks.**

I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of personal property, resulting from or arising out of participation in the designated volunteer activity. I also release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of my volunteer activities. I hereby certify that I have read and understand the provisions above.

Volunteer Signature

Date

University of Colorado Volunteer Confidential Disclosure Agreement

I understand that my access to the University of Colorado facilities may be limited in the sole discretion of the Department of Counseling and Human Services personnel.

In the course of this volunteer experience, I understand I may have access to certain data and information that is considered confidential, including, but not limited to, information about the Department of Counseling and Human Services University of Colorado activities, patients, personnel, students, and financial or business practices.

I agree that any and all data and information that I may receive or otherwise discover while volunteering is considered "confidential information". I agree that I will not disclose or discuss any confidential information with any third parties while I am volunteering or at any time after my experience is completed. I agree that I will keep such data and information confidential and will comply with all laws and regulations concerning the confidentiality of such records to the same extent as such laws and regulations apply to the University of Colorado, including but not limited to applicable provisions of the Administrative Simplification section of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d through d-8 ("HIPAA") and the requirements of any regulations promulgated thereunder including without limitation the federal privacy standards as contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Standards") and the federal security standards as contained in 45 C.F.R. Parts 160, 162 and 164 (the "Federal Security Standards"). I further agree that after my volunteer activity is completed, I will return to Department of Counseling and Human Services any and all documents and copies that I have in my possession that contain Confidential Information.

I hereby certify that I have read and understand the provisions above.

Volunteer Signature

Date

University of Colorado Photo Release Form

I hereby grant the University of Colorado unrestricted permission to use and re-use photographic portraits, editorials, video, digital or film images, or any pictures taken of myself, or my child, individually or in conjunction with other photographs, in any printed or videographic matter, in any and all media, and for any purpose allowed by law. This includes, but is not limited to, illustration, promotion, art, editorial, advertising and trade.

I hereby waive any right to inspect or approve the finished product or products that may be used in connection with the abovementioned images.

I hereby release the Regents of the University of Colorado, the University of Colorado, their legal representatives, and all people acting under their permission or authority, from any liability in connection with the use of the images as outlined above.

I understand that the photographs taken by the staff or their designers of the University of Colorado will be included in the department files. I agree the images, the transparencies of the images, and the copyright privileges of the images shall be the sole property of the University of Colorado.

I hereby affirm that I am of full age and, if appropriate, have every right to complete this contract in my own or my child's name. I state further that I have read and fully understand the above authorization, release and agreement.

I hereby certify that I have read and understand the provisions above.

Enter person's description

Print Name

Volunteer Signature

Date