

# “Read to Succeed!” Mentor Application

Date \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

Number and Street

City, State, Zip Code

Major: \_\_\_\_\_

Class Standing: \_\_\_\_\_

(Freshman, Sophomore, etc.)

GPA: \_\_\_\_\_

Available Start Date: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ How did you hear about the program? \_\_\_\_\_

Why do you want to be a mentor? \_\_\_\_\_

Are you eligible for Federal Work Study? (Call 301.687.4301 for info) Yes\_\_\_ No\_\_\_

Would you like to be a site manager/supervisor? Yes\_\_\_ No\_\_\_

Preferred Location for mentoring:

FSU

(M-Th 5:00-7:00p)

\_\_\_\_\_

Preferred days for mentoring:

M

T

W

Th

To meet with a student:

Do you have access to a car? Yes\_\_\_ No\_\_\_

Would you be willing to go in a FSU van? Yes\_\_\_ No\_\_\_

Special skills or interests/Area or field of work experience:

\_\_\_\_\_

Subjects you would feel confident mentoring

\_\_\_\_\_

Languages (other than English) that you know: \_\_\_\_\_

## Please return this application to:

A STAR! AmeriCorps Read to Succeed! Program Coordinator

20 Braddock Rd.

Frostburg, MD 21532

*Funded in part by the Corporation for National and Community Service and the Governor's Office on Service and Volunteerism. All positions and programs are contingent on funding approval.*

# Read To Succeed!

## Mentor Contract

### ***Plan of Action:***

- I plan to become familiar with my student's reading level and assist him/her with areas of difficulty by providing them with appropriate activities.
- I plan on trying to increase my student's interest in reading by making reading fun and enjoyable for them.
- I plan on helping my student understand the importance of reading in everyday activities.
- I plan on creating a one-to-one relationship with my student, constantly working on increasing their self-esteem and confidence.

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### **Code of Conduct:**

Working with children is fun, exciting and rewarding in many respects. However, it is also a serious responsibility. Below is a list of fundamental guidelines that must be followed without exception.

As a "*Read to Succeed!*" mentor I do hereby agree:

1. To be punctual in attendance to all mentoring session unless previously arranged.
2. To keep my list of emergency contacts with me at all mentoring sessions.
3. To immediately contact the site manager/ program coordinator/ school administrator if at any time I begin to feel uncomfortable with a student.
4. That under no circumstances am I to discipline my student in either a verbal or physical manner.
5. That I will always treat my student with the utmost courtesy and respect.

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Name

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Signature (required)

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Date

## LIABILITY RELEASE AND WAIVER

This is a legally binding Release and Waiver executed by \_\_\_\_\_. I desire to participate in the following activity: Read to Succeed 2013-2014 academic year. ("Activity") I understand and agree that I will be transported in a University vehicle driven by University Staff and/or a student certified driver. I fully understand and appreciate the dangers, hazards and risks inherent in the Activity and in the transportation to and from the Activity, which dangers include but are not limited to physical or mental injury or death.

1. Waiver of Liability: I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the University, the University System of Maryland ("USM"), the State of Maryland and its employees, agents, officers, trustees and representatives ("Releasee") from any and all liability whatsoever for any and all damages, losses or injuries (including death), I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys' fees, which arise out of, result from, occur during or are connected in any manner with my participation in the Activity and/or any travel incident thereto, except for such damages or injury as may be caused by the gross negligence or actual malice of University employees, agents or representatives.

2. Statement of Indemnification: I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University, the USM, the State of Maryland and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorneys' fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorneys' fees, which arise out of, occur during, or are in any way connected with my participation in the Activity or any travel incident thereto.

3. Disciplinary Actions: The University reserves the right to decline to accept or retain me in the Activity at any time should my actions or general behavior impede the operation of the Activity or the rights or welfare of any person. Similarly, if my conduct violates the Code of Student Conduct or any policy of the University, I understand that I may be referred to the University's Judicial Board either during or after the Activity and/or may be required to leave the Activity at the sole discretion of the University's representatives and agents.

4. Waiver of Legal Rights: I agree that this Statement of Responsibility, Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Maryland; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. By signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

5. I have signed this Release and Waiver in full recognition and appreciation of the dangers, hazards and risks of such activities. I agree to report to the Director of the program any physical or mental condition I have that may require special medical attention or accommodation at least five (5) days prior to departure. I understand and agree that Releasees do not have medical personnel available at the location of the Activity and grant Releasees permission to authorize emergency medical treatment, if necessary. I understand and agree that Releasees assume no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment. The right is reserved by the University, in its sole discretion, to cancel the Program or any aspect thereof if the University determines or believes that any person is or will be in danger if the Program is continued.

\_\_\_\_\_  
Participant Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

(if participant is under 18 years old)

Date: \_\_\_\_\_

# Frostburg State University

## Disclosure Statement

I, \_\_\_\_\_, hereby declare or affirm under penalty of perjury, that I have not been convicted of, nor am I the subject of pending charges for the commission of/attempt to commit/or assault with intent to commit: Murder, Child Abuse, Rape, Child Pornography, Child Abduction or Kidnapping of a Child.

I further declare or affirm that I have not been convicted of, nor am I the subject of pending charges for the commission of/attempt to commit/or assault with intent to manufacture, distribute, or dispense a controlled dangerous substance; or hiring, soliciting, engaging, or using a minor for the purpose of manufacturing, distributing or delivering a controlled dangerous substance.

I further declare or affirm that I have not been convicted of, nor am I the subject of pending charges for the commission of or attempt to commit the hiring, soliciting, engaging or using a minor for the purpose of a sexual offense and that I have not been convicted of, nor am I the subject of pending charges for the commission of or attempt to commit or assault with intent to commit a Sexual Offense, as defined under Article 27, §464, §464A, §464B, and §464C of the Md. Ann. Code or an equivalent offense, and I further certify that I am the applicant whose signature is affixed below.

I understand and agree that I will immediately inform the Director or Professor supervising the *Read to Succeed!* Program if I am the subject of any subsequent criminal charges as described above prior to or during any portion of the *Read to Succeed!* Program.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (required)