

CONNECTIONS THAT COUNT MENTOR APPLICATION

Please complete all sections of the application and return it to Holly Hoffman – gerki1hh@cmich.edu. This will help us learn about you and why you feel you would be a good match for the program.

Date:
Name:
Phone:
Expected Graduation date:
Major:
E-Mail:
Local Address:
Please check the box for the semester(s) to which you can commit: Fall Spring Please check the day(s) you will be available to volunteer with students: Monday 4:30-6:45 p.m.
How did you learn about Connections That Count?
Why do you want to volunteer with Connections that Count?

Do you have any previous experience with individuals with different abilities?	
Do you have any ideas for inclusive activities that we could do together as a group?	
Please list the name of a professional reference (not a relative)	
Contact information:	
What do you feel you would contribute to this program?	
I understand a background check will be completed on me and I must have a positive background volunteer with Connections that Count.	nd check to
Thank you for your interest in joining our organization! We look forward to working with you ©	
Signature:	
Date:	