



# Connections That Count

## Mentor Application

Please complete all sections of the application and return it to a Connections That Count Leader. This will help us learn about you and why you feel you would be a good match for the program!

Name: \_\_\_\_\_

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

Expected Graduation Date: \_\_\_\_\_

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

CMICH Email Address: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Relation To You: \_\_\_\_\_

**How did you learn about Connections That Count?**

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**Why do you want to volunteer with Connections That Count?**

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**Do you have any previous experience working with people with disabilities?**

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**Do you have any ideas for inclusive activities we could do together as a group?**

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**What do you feel you would contribute to this program?**

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I understand that a background check will be completed on me and that I must have a positive background check to volunteer with Connections That Count.

**Thank you for your interest in wanting to join our organization! We look forward to working with you!**

Signature: \_\_\_\_\_

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