



CL₃ Mentors at Cordova High—Become a Mentor!

Cordova Lancers, Leaders, & Legends (CL₃)

Overview

CL₃ is an inclusive mentoring organization that uses CHS staff, alumni, and others familiar with Rancho Cordova and Cordova High School history, to inspire students attending schools within our community. MACH is our community based mentoring program at Cordova High School focused on promoting positive behavior, academic improvement, community service, and vocational skill development in order to empower at-risk youth in our community to make positive life choices that enables them to maximize their potential. The CL₃ MACH Program is seeking adult volunteer mentors to become positive role models for students participating in this program.

Mentor Role

- Serve as a positive role model and advisor
- Build the relationship by participating in activities together
- Strive for mutual respect
- Build self-esteem and motivation
- Help set goals and work toward accomplishing them

Mentor Time Commitment

- Make a one-year commitment to the program
- Spend time each month with mentee(s), and participate in program meetings and activities
- Communicate regularly with mentee(s)
- Attend an initial mentor training session and any additional training sessions as required for participation in the program
- Attend mentor/mentee group events, community service activities, and program recognition events

Mentor Participation Requirements

- Be at least 18 years old
- Be a CHS Alumni, or a FCUSD Staff Member or Teacher, or a resident of the City of Rancho Cordova or the immediate surrounding area
- Be interested in working with young people
- Be willing to adhere to all program policies and procedures
- Be dependable and consistent in meeting the time commitments
- Attend mentor training sessions
- Be willing to communicate regularly with program coordinator to share information regarding mentoring activities and mentee(s) progress
- Have access to an automobile, auto insurance, and a good driving record
- Have a clean criminal history
- No use of illicit drugs
- No use of alcohol or controlled substances in an inappropriate manner
- Not currently in treatment for substance abuse and have a non-addictive period of at least five years
- Not currently in treatment for a mental disorder or hospitalized for such in the past five years





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Desirable Qualities of a Mentor

- Willing listener
- Encouraging and supportive
- Patient and flexible
- Tolerant and respectful of individual differences

Benefits of Being a Mentor

- Personal fulfillment through contribution to the community and individuals
- Satisfaction in helping someone mature, progress, and achieve goals
- Training sessions and group activities
- Mileage and expenses are tax deductible
- Personal ongoing support, supervision to help the match succeed
- Mentee/mentor group activities

Mentor Application and Screening Process

- Complete the CL₃ MACH Mentor application
- Complete the FCUSD Category 2 Volunteer application and screening process
- Complete the FCUSD Volunteer Personal Automobile Use Form
- Provide results of current TB Test
- Driving record check
- Criminal history check: state, child abuse and neglect registry, sexual offender registry
- Personal interview with program coordinator
- Attend mentor training

How MACH Works

- Students, identified by school staff, teachers, and CL₃ Program Coordinator are invited to participate in MACH
- Students are matched with mentor or multiple mentors depending on needs
- Student teams are formed to provide additional peer support
- Students receive guidance and direction from mentors, to help them improve attendance and grades while decreasing negative behaviors at school and in the community
- Students attend MACH meetings, Real Talk Sessions, Tutoring Sessions, community service activities, and MACH group activities
- Students receive educational, school based, and social rewards based on their level of participation and engagement in the program

For more information

Contact Program Coordinator, Conrade Mayer
Email: conrademayer@gmail.com
Phone: 916-247-8242





CL₃ Mentors at Cordova High—Mentor Application

Cordova Lancers, Leaders, & Legends (CL₃)

Thank you for your interest in becoming a mentor. The MACH program is designed to provide mentors to students grades 9 thru 12. The information requested in this application will be used to match students to mentors.

Contact Information

Name: _____ Date of Birth: _____

Cell Phone Number: _____ Home Phone Number: _____

Email: _____

Street Address: _____

City/State/Zip Code: _____

Employment Information

Employer Name: _____ Field or Industry: _____

Job Title: _____ Years of Experience: _____

Work Address: _____

City/State/Zip Code: _____

Educational Background

High School: _____ Year Graduated: _____

College or Trade School: _____ Year Graduated: _____

Hobbies and Interests (Please list your hobbies and interests)

Please complete and return all forms to Program Coordinator: Conrade Mayer
CHS Classroom: B3 Email: conrademayer@gmail.com Phone: 916-247-8242





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Personal Statement (please write a brief statement telling us why you believe mentoring is important and why you would like to become a mentor)

Your Availability (please mark all that apply)

Weekdays Lunchtime After School Evenings Weekends

Statement of Commitment and Information Release

I understand that in addition to completing this mentoring application form, I must also complete and submit the FCUSD Category 2 Volunteer Application and the FCUSD Volunteer Personal Automobile Use Form, which includes submitting proof of current TB clearance and completing a LiveScan of my fingerprints in order for a confidential background check to be completed. I authorize CL₃ or FCUSD to obtain any needed information regarding my driving record, legal/criminal history, and employment from any state or federal agency, or my employer, for the purposes of participating in a mentoring program.

If approved to be a mentor in the program I agree to spend time each month with mentee(s) and participating in program meetings and activities. I understand this is a volunteer activity and no compensation will be provided. I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship with CL₃ MACH. I understand that CL₃ MACH Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

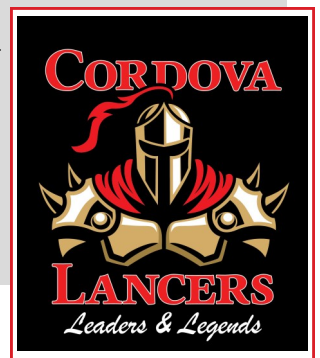
I agree to allow CL₃ MACH Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions and other marketing materials.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature

Date

Please complete and return all forms to Program Coordinator: Conrade Mayer
CHS Classroom: B3 Email: conrademayer@gmail.com Phone: 916-247-8242





CL₃ Mentors at Cordova High—Mentor Application

Cordova Lancers, Leaders, & Legends (CL₃)

Folsom Cordova Unified School District Category 2 Volunteer

Following is an excerpt from the FCUSD Volunteer Handbook that provides instructions for completing the Category 2 Volunteer application process.

□ Category 2 (May be occasionally unsupervised with students)

- Fill out Category 2 Application
- Return completed application to school site with proof of current TB clearance (TB clearance procedure changed as of 1/1/2015. PPD no longer required. We can accept a PPD Test, but the minimum requirement is now an Adult TB Risk Assessment Questionnaire to be completed by a medical professional. District will still offer this service.)
- Application is approved by principal
- Bring completed, signed and dated Category 2 Application to the Education Services Center or Cordova Lane Center
- You will be asked to complete the LiveScan application
 - Please have your driver's license or ID with you when you come to pick up your LiveScan form
 - If you have lived out of the state of California during the last 1 to 4 years you will be expected to pay **\$17.00** when you complete your paperwork (this covers the additional cost of the required FBI background check) PLEASE bring a check or money order.
 - FCUSD pays for the cost of the Department of Justice background check. You will be required to pay the cost of the LiveScan location you choose
- At the time you complete the LiveScan paperwork, your picture will be taken for your Volunteer Badge

(NOTE: Education Code 45125 requires that your background check include a criminal offender records information check with the Department of Justice)

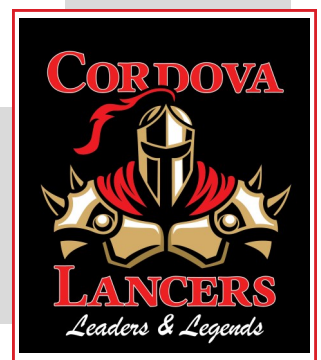
- Following a review of the DOJ and FBI background checks, your name will be added to the approved volunteer list which is generally sent out every Friday during the school year
 - You can contact your school site to check if your name has been added, but please do not call the ESC directly. Our policy is to speak ONLY with school personnel. This is to protect your privacy as ESC cannot know who is on the phone to verify your identity
- Your volunteer badge will be sent directly to your school office when it is completed

Note: You are to wear this badge each time you are on campus. You will pick up your ID badge from the office when you come onto campus for volunteering and return it back to the office when you leave. Whenever you are on campus, you must check in and out of the office.

Once your volunteer status has been approved, please check with your school staff to see when the next orientation is planned. At this orientation you will:

- Review this Volunteer Handbook.
- Learn site procedures which may include:
 - A tour of the campus
 - Signing in procedures
 - Learning where your volunteer assignment will take place
 - Learning the volunteer tasks
 - Learning how to operate the school equipment
 - Review the school handbook (rules, schedules, staff names)
 - Where to put personal items
 - Location of adult restrooms
 - Staff lounge expectations and procedures

A complete version of the FCUSD Volunteer Handbook can be viewed at <http://www.fcusd.org/cms/lib03/CA01001934/Centricity/domain/274/forms-documents/VolunteerHandbook.pdf>



Folsom Cordova Unified School District
1965 Birkmont Drive
Rancho Cordova, CA 95672
(916) 294-9000



Category 2 Volunteer Application
(Non-salaried Employee)

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____

BIRTH DATE: ____ / ____ / ____ Email address: _____

SCHOOL SITE: _____ Student's Name: _____

VOLUNTEER ASSIGNMENT: _____

Training: I have read the Volunteer Orientation Handbook and know the expectations of me as a volunteer regarding **appropriate:**

Behavior	Blood Borne Pathogens	Conflict Resolution
Dress	Child Protection	Specific instructions for the site
Language	Child Development	Staff Relationship
Student Interactions	Confidentiality	

Site Orientation Date: _____

Photo ID Date: _____

Emergency Card Date: _____

Date Fingerprints Clear _____

Negative TB Test Expires: _____

Have you been printed in FCUSD before? Y N

Are there any limitations or restrictions we should know about? : _____

Have you ever been convicted of a crime other than a traffic infraction, such as a misdemeanor (a DUI is not considered a traffic infraction)? NO YES
(If "yes", please explain when, where, and the disposition.) _____

I consent to the use of the above data in the District's Volunteer Database.

VOLUNTEER'S SIGNATURE

Date:

This volunteer meets the criteria for a Category 2 volunteer because he/she: (circle one)

- | | |
|---|--|
| • Will be working unsupervised with student(s); | • Will be going on an overnight field trip |
| • Will be accompanying students on day field trip, but out of supervision of teacher. | • Volunteer regularly (ongoing) |

The above volunteer has provided all the required information and may now be fingerprinted.

PRINCIPAL'S SIGNATURE

Date

This form must be completed and given to the Principal or Designee prior to volunteering. The fully completed original will be delivered to District Office; a copy of this form, along with a copy of a current TB test, will be retained at the site.



VOLUNTEER/PERSONAL AUTOMOBILE USE FORM
[One Form Required for Each Driver]

Thank you for volunteering your time, and your automobile, to help transport our Students to off-site events or activities. In order to protect the health and safety of our Students, our District requires that all volunteers using their personal automobiles to transport Students to and from sanctioned activities receive prior District approval. Before we can issue such approval, certain information must be obtained at least fifteen (15) days before you transport our Students, and you must agree to abide by all District policies, as well as the following additional rules and requirements.

REQUIRED INFORMATION

Name of Driver:	
Calif. Driver's License No. & Exp. Date:	
Vehicle(s) Year/Make/Model:	
Vehicle(s) License Plate No.:	
Insurance Carrier:	
Policy Number and Expiration Date:	
Liability Coverage Limits:	

Please also provide a photocopy of (a) your Driver's license, and (b) your Insurance Policy Declarations Page evidencing liability coverage [no less than \$100,000/\$300,000/\$100,000 or "in the required statutory amount"]. Should your Driver's License or Insurance Policy expire during the school year, updated photocopies showing their renewal are required before you will again be eligible to transport Students. By signing below, you are also authorizing the District to (a) obtain a copy of your Driver Record History and status of your Driver's License, (b) conduct a criminal background check, and (c) contact your insurance company to confirm your insurance status. Please also be advised, that pursuant to Insurance Code Section 11580.9(d), in the case of an accident, **your insurance will provide the primary coverage for any resulting bodily injury or property damage.** The District's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS

For the safety of our Students, in signing below, you are also agreeing to the following rules and requirements:

1. I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the Vehicle, including compliance with all speed limits and posted signs and placards. I will also comply with additional District instructions regarding driving routes, parking locations, and safety or security directions.
2. I will not transport Students in a vehicle that I believe may be mechanically unsafe or that may become unsafe due to weather or other conditions. I will not transport Students unless I have a working seatbelts and/or approved car seats/booster seats (for each child under 8 years old, who must ride only in the back seat), which will be used by all passengers at all times. The Vehicle(s) may be inspected by District representatives.
3. I am over the age of 21 and will be the sole driver of the Vehicle for any given activity, event, or competition. I will not let anyone other than myself, another district-approved chaperone, and authorized Students ride in the Vehicle. So that I can focus my attention on the safety and welfare of students I may transport, no other adult or child is permitted in the vehicle while I am performing volunteer services for the District.

Dated:		Printed Name		Signature	
Date Rec'd:	Received by:	Authorization Approved:		Approved by:	