



CONNECTIONS That Count

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.

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 5:00-7:00 p.m.

Wednesday 5:00-7:00 p.m.

On Mondays, the students you will be working with vary of all ages.
On Wednesdays, the students you will be working with are in high school.

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 check to volunteer with Connections that Count.

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

Signature: _____

Date: _____