University of Northern Colorado Fall 2026 Mentor Application Packet

Thank you for your interest in Campus Connections!

Campus Connections is a service-learning course that pairs youth referred from the local community with UNC students in a one-on-one mentoring relationship. Undergraduate and graduate students from all majors and disciplines are invited to apply. As part of the Campus Connections course, orientation and training for students is provided and covers topics including mentoring practices and stages of adolescent development, and students have the opportunity to implement wellness programming for the youth through fun and engaging activities.

As part of the course, students are required to spend one evening per week as a mentor with youth who have been referred to Campus Connections by the juvenile justice system, local schools, or other community organizations. The goal of this program is to reduce juvenile delinquency, increase academic performance and access to college, encourage pro-social and healthy behaviors for the youth, and facilitate an enriched learning experience for UNC students.

Community youth participants are 11-18 years old and are considered to be at risk of not reaching their full potential due to individual or environmental factors. Some Campus Connections youth have committed minor criminal offenses, and others are coping with difficult economic, family, social, behavioral or other concerns.

Mentoring will take place once a week and will include individual academic support, group meals, exercise and wellness, and positive enrichment activities, which will be student planned and implemented based on youth needs and interests. Students will participate in Campus Connections from 3:30-9:00pm. Youth will attend from 4:30-8:30pm. Students will have pre-lab (3:30-4:30pm) and post-lab meetings (8:30-9:00pm) to plan for and reflect on the mentoring experience, discuss weekly readings, and for other assignments related to mentoring facilitated through Canvas.

During the Fall 2026 semester, Campus Connections will be offered Thursday nights and will be from 3:30pm -9:30pm. Undergraduate students register for APCE 385 (3 credits) and graduate students for APCE 785 (1 credit).

If you have any questions during the application process, please do not hesitate to contact campus.connections@unco.edu.

Application Packet Instructions:

Application Packet Check List:
Be sure to include the following with your application:

- ☐ Completed Application Questions
- ☐ Signed Campus Connections Commitment Statement
- ☐ Signed Contract of Ethical Conduct
- ☐ Signed Background Check Release & Authorization (for new mentors only)
- ☐ DISCLOSURE FORM Background Investigation Unit – Completed and signed by hand (for new mentors only)
- ☐ A resume with relevant course work and work/volunteer experience
- ☐ A list of 3 professional references (names, titles, relationship to you, and contact information)
- ☐ A print-out of your UNC Degree Works or unofficial transcripts
- ☐ Colorado Background Disclosure Form
- ☐ Judicial Department Release of Information Form

Send the completed application packet to campus.connections@unco.edu.

Course Registration Information:

Please carefully review the items below:

- Applications will be reviewed on an ongoing basis and acceptance emails will be sent out. Once accepted, you will receive an email with detailed information about the next steps including background checks and course registration. Once accepted, you will be released to register and notified via email. Undergraduate students will register for APCE 385. Graduate students will register for APCE 785.

- Background checks and finger printing are required for all students accepted to Campus Connections. Background check fees are covered by the course fee. See pg. 7 for what would disqualify you on a background check for participation in Campus Connections.

- There are limited seats in the course; extra students will be placed on a wait list and notified if any openings arise.

Campus Connections

Mentor Application for Fall 2026

Submit to: campus.connections@unco.edu.

Office Use Only:
___Application & Commitment Statement
___Ethical Contract
___Background Check Release
___TRAILS Form
___Resume
___References
___Degree Works or Unofficial Transcript
___
___

Info Session Date:

Date:_____

Name: Pronouns:

Email: Phone Number:

Bear #: ☐ ☐ Grad / Undergrad Student (Circle one) GPA:

Major (include 2nd major/minor):

Year in School: Planned Graduation Date:

Any Community/University Organization Affiliations:

If you are fluent in any languages other than English, please list: _____

Do you have any dietary restrictions? If yes, please list: _____

Please note: we do our best to accommodate dietary restrictions, however there may be times when we are unable to do so. Please speak with an instructor if you have any concerns regarding dietary restrictions.

Have you been involved in Campus Connections before?

☐ YES Semester:_____ Year:_____

☐ NO Role at CC:_____

The following two questions are optional. We collect this information for program evaluation purposes only: With what ethnicity do you most identify? _____What is your gender? _____

Why are you interested in participating in Campus Connections?

What special interests, skills, and talents do you have?

What special skills or qualities do you possess that will contribute to your role as a mentor?

Campus Connections Commitment Statement

I have seriously examined my course load and other obligations (employment, family, etc.) for the Spring 2025 semester and am confident that I am able to commit the time and energy needed to be a successful Campus Connections mentor. I understand that once I accept my invitation to participate in Campus Connections I will soon be matched with a mentee. Dropping the course after this time creates a significant hardship for the program and will be a major disappointment for the mentee with whom I have been assigned.

Initial here: _____

Please include the following documents with your application:

- ☐ Attach a copy of your resume.
- ☐ Attach a copy of contact information for 3 professional references.
- ☐ Attach a copy of your UNC Degree Works print-out or unofficial transcripts
- ☐

_____ _____

Signature Date

NOTE: Priority deadline for applications is 5/1/2026 by 5:00pm. Students will be notified by email if they are admitted to Campus Connections and will be able to register at that time. Students who are accepted to Campus Connections are required to

complete a background check. Information pertaining to the background check will be given at the beginning of the course. Registration for the course requires departmental approval and once accepted you will be released to register for the course.

UNC

UNIVERSITY OF NORTHERN COLORADO

Campus Connections

Contract of Ethical Conduct

Core Values

Standards of ethical behaviors in the department Applied Psychology and Counselor Education are based on commitment to core values that are deeply rooted in the history of our field. We have committed ourselves to….

- Appreciating childhood, adolescence and adulthood as unique and valuable stages of the human life cycle.
- Basing our work on knowledge of human development.
- Appreciating and supporting the close ties between the child and family.
- Recognizing that people are best understood and supported in the context of family, culture, community and society.
- Helping children and adults achieve their full potential in the context of relationships that are based on trust, respect and positive regard.

To the best of my ability I will…

- Ensure that programs are based on current knowledge of human development.
- Respect and support families.
- Respect colleagues in human development and support them in maintaining the NAEYC Code of Ethical Conduct and the Ethical Standards of Human Service Professionals.
- Serve as an advocate for children, adolescents, older adults, families and their teachers in community and society.
- Maintain high standards of professional conduct.
- Recognize how personal values, opinions and biases can affect professional judgment.
- Be open to new ideas and be willing to learn from the suggestion of others.
- Continue to learn, grow and contribute as a professional.
- Honor the ideals and principles of the NAEYC Code of Ethical Conduct and the Ethical Standards of the Human Service Professionals.

I, _____, do promise to honor the ideals and principles of this ethical contract.

Signature: _____ Date: _____

UNC

UNIVERSITY OF NORTHERN COLORADO

Campus Connections

Background Check Release and Authorization Information

Students who participate in Campus Connections are required to complete a background check and drug test which, depending on their backgrounds could impact their placement. Students must agree to the release of background check results in order for the department to investigate past records before placing a student. There will be a fee associated with processing the background check. You will receive instructions for completing the necessary paperwork for a background check and a drug test after your application is accepted.

The College of Education and Behavioral Sciences requires background checks and drug tests for students prior to their Campus Connections placement. Campus Connections will be notified of pass or fail results of the background check and drug test. Campus Connections administration may utilize various criteria, including the results of background checks, for determining the appropriateness or suitability of potential students interested in working with Campus Connections youth.

Self-Reporting Policy

Any Campus Connections mentor or staff member that has contact with youth must report any new legal charges they face that would affect their ability to work with mentees and their families.

Campus Connections processes the following background checks:

- Criminal arrest record background check through the Colorado Bureau of Investigation and the Federal Bureau of Investigation. Background inquiry check for confirmed reports of child abuse and/or neglect through the Colorado Department of Human Services.

Campus Connections may require additional background checks for students requesting placement, including, but not limited to, those listed below:

- Tuberculosis testing

Please see the following page for full disqualifying conditions for Campus Connections.

If the results of a background check and drug analysis are determined as a disqualifying condition by the State of Colorado, placement will be denied to the student. A student may refuse to consent to Campus Connection's request for a background check. However, such a refusal will eliminate that student's chances of being accepted into Campus Connections.

Signing this form indicates your understanding that the background check report, drug test and data collected pursuant to this Authorization and Release ("the information") will be treated by the University of Northern Colorado as an education record under the Family Educational and Privacy Act (FERPA) (20 U.S.C. §1232g: 34 CFR Part 99), and are reviewed only by personnel with legitimate interests in the information to help review and process your possible placement. You hereby authorize the University of Northern Colorado to release such information to any organization, institution, or employer with whom you are seeking placement, and you hereby forever release and discharge the University of Northern Colorado, its officers, governing board, employees, and authorized volunteers acting within the scope of their authority, from any and all claims, causes of action, damages and liabilities arising from or in connection with their collection, handling, and release of information pursuant to this Release and Authorization.

Please fill out and sign this page

Background Check Release and Authorization

Name: _____ Date: _____

Please include all other names you have used: _____

Address: _____

Phone: _____ Email: _____

My signature below acknowledges that I have read the above student placement information and was given the opportunity to ask questions.

_____

Signature Date

OR

_____(Initials) I decline signing a release for the criminal background check, recognizing that this decision could significantly limit the availability options for Campus Connections placement.

Disqualifying Conditions on Background Checks for Campus Connections Participation
If your criminal background check indicates that you have been convicted of any of the following offenses, you will be disqualified from participating in Campus Connections at UNC:

1) A crime of violence, as defined in§ 18-1.3-406, C.R.S.;
2) Any felony offense involving unlawful sexual behavior, as defined in §16-22-102 (9) C.R.S.;
3) Any felony, the underlying factual basis of which has been found by the court on the record to include an act of domestic violence as defined in § 18-6-800. 3, C.R.S.;
4) Any felony offense of child abuse, as defined in§ 18-6-401, C.R.S.;
5) Any felony offense in any other state, the elements of which are substantially similar to the elements of any of the offenses described above

You will also be disqualified from participating in Campus Connections at UNC if your criminal background check indicates that less than ten years have passed since you were discharged from a sentence imposed for a conviction of any of the following criminal offenses:

1) Third degree assault, as described in§ 18-3-204, C.R.S.,

2) Any misdemeanor, the underlying factual basis of which has been found by the court on the record to include an act of domestic violence, as defined in §18-6-800.3, C.R.S.;
3) Violation of a restraining order, as described in§ 18-6-803.5, C.R.S.;
4) Any misdemeanor offense of child abuse, as defined in§ 18-6-401, C.R.S.;
5) Any misdemeanor offense of sexual assault on a client by a psychotherapist, as defined in§ 18-3-405.5, C.R.S.; 6) Any misdemeanor offense in any other state, the elements of which are substantially similar to the elements of any of the offenses described above

If you were adjudicated a juvenile delinquent for the commission of any disqualifying offenses above and more than seven years have passed since the commission of the offense, you may submit a written request for a "Requests for Reconsideration."

Email:

DISCLOSURE FORM

BACKGROUND
INVESTIGATION
UNIT

(PRINT LEGIBLY OR TYPE)

COLORADO
Department of Human Services

NAME: _____
First Middle Last Alias/Maiden Name

MAILING ADDRESS: _____
City/State Zip Code

DATE OF BIRTH: _____ SSN: _____ PHONE: _____ RACE: _____ MALE ☐ FEMALE ☐

FOR CONTRACTOR USE ONLY: PROVIDER ID: _____ PROVIDER NAME: Campus Connections, UNC

CRIMINAL HISTORY

Have you ever been convicted of a crime, or do you currently have charges pending? Yes ☐ No ☐

(Include felonies, misdemeanors, deferred judgments, deferred sentences, and pleas of no contest. You may include the final disposition copy of any charges to expedite consideration of the application.)

If yes, include charges, dates of conviction and city and state of jurisdiction (the back of this form may be used):

_____

_____

TRAILS - Trails is a database in which incidents of child abuse or neglect are maintained. BIU must include this check in the background process.

SPOUSE/FORMER SPOUSE/PARENT(S) OF YOUR CHILDREN (add additional names on the back of this form).

NAME: _____
First Middle Last Alias/Maiden Name

DATE OF BIRTH: _____ SSN: _____ RACE: _____ MALE ☐ FEMALE ☐

HILDREN - Use full names. (*Add additional children on the back of this form.*)

NAME: _____ DATE OF BIRTH: _____ MALE ☐ FEMALE ☐

NAME: _____ DATE OF BIRTH: _____ MALE ☐ FEMALE ☐

NAME: _____ DATE OF BIRTH: _____ MALE ☐ FEMALE ☐

CERTIFICATION AND AUTHORIZATION: I certify that I have read, understand and accept the terms described in the Employment Background Check Information Sheet. I understand that initial hiring and continued employment with the Colorado Department of Human Services is contingent upon the satisfactory completion of a Colorado and Federal Bureau of Investigation check, criminal history clearance, drug screen, HHS Exclusion List clearance, TRAILS clearance, and fitness for employment check. I consent to the urine sample collection and testing for controlled substances. I hereby authorize representatives of the Colorado Department of Human Services to make any and all appropriate inquiries regarding my background; and I waive, release, and discharge, its employees and agents from any and all claims that may result from such actions. I certify that all statements and information provided herein are true, complete, and correct. I understand that any false or incomplete information may be cause for rejection of my application, termination of employment, removal from the eligible list, and/or disqualification.

_____
Signature of Individual Subject to the Background Check Date

BACKGROUND CHECK AUTHORIZED BY: Richard Knight

_____
Print Name Signature Date

FOR CDHS OFFICE USE ONLY

REQUESTED BY: Richard Knight DYS-Northeast Office Rep **PHONE:** (303) 968-0527

REQUESTING OFFICE/AGENCY: DYS - Northeast Office **JOB CLASSIFICATION:** Contractor

TYPE OF BACKGROUND CHECK: EMPLOYEE ☐ ***CONTRACTOR** ■ ****STUDENT** ☐ ****INTERN** ☐ ****RESIDENT** ☐ **OTHER** ☐

****NAME OF SCHOOL:** Campus Connections, UNC PHONE NUMBER: 970-351-1635

BIU Disclosure Form, Last Revised 2/2017

COLORADO JUDICIAL DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

Full Legal Name: _____

Names Also Known As ("AKA's") including Maiden Name, All Former Last Names, Nicknames, etc.:

Date of Birth: ___ Social Security Number: ___ Gender: ☐Male ☐Female

Agency Name: ___

Reason for Release of Information: ☐ Contract Services or ☐ Request for data pursuant to CJD 05-01
Home addresses during the past five years, including current:

I hereby authorize and consent to the release of any and all information, including without limitation, all records, statements and opinions held by any person, employer, school, law enforcement agency, military personnel and any other entity or organization to the Colorado Judicial Department to verify information submitted by me to perform services for the Colorado Judicial Department or to access Judicial Department data as permitted by CJD 05-01.

I hereby authorize the release of any and all persons, entities, agencies and organizations, individually and collectively, from liability for damages of whatever kind relating to or arising out of any release of information, including records, statements and opinions, as a result of this authorization.

A photocopy of this authorization shall be as valid as the original for one year from the date it is signed.

- I understand that an award of a contract will be based upon the results of this investigation and that any award and/or contract is conditioned on my receiving, in the Judicial Department's discretion, a satisfactory background investigation; OR,
- I understand that access to otherwise non-public data, as permitted by CJD 05-01 will be based upon the results of this investigation and that any access to data is conditioned on my receiving, in the Judicial Department's discretion, a satisfactory background investigation.
- I further understand that refusal to sign this form may result in the award and/or contract or release of data, whichever is applicable, being withheld or withdrawn.

☐ **By checking this box and typing in my name, ___on this date___, I hereby submit my electronic signature certifying that I have read, understand, and hereby consent to the above authorizations for release of information. I further certify that the above information is complete, true and accurate.**