

Pitzer College & Western University's Native Youth to College Program

Mentor Application 2018

Mentor Application Process

Fill out and return the Mentor Application. After this application form is reviewed and approved, you will receive a confirmation email. Mentors will be selected by the Native Youth to College Board after a one-on-one interview with the Program Director, Assistant Director, and the Mentor Trainer.

Complete application consists of:

- Mentor Application
- Academic Information
- Short Answers
- One Essay (700 word minimum)
- Resume
- Short Biography and Headshot
- Medical Insurance Card
- Medical Information
- Program Policies and Procedures
- Disciplinary Procedures
- Consent to Participation
- Two Completed Recommendation Forms
- Wishtoyo Waiver

Important dates to remember

Application Deadline
Friday, March 30, 2018

Notification of Decision
Saturday, April 21, 2018

Mentor Training Session
July 1–5, 2018

Program Dates
July 6–20, 2018

Email/fax/mail the application with all required materials to:

Attention: Scott Scoggins, Program Director
Pitzer College
Scott Hall #108
1050 North Mills Avenue
Claremont, CA 91711
Fax: 909.607.8758
Email: scott_scoggins@pitzer.edu



1

Mentor Application

Mentor applicant completes this section. Please print legibly or type and use full sentences. Any blank spaces or partial answers will cause your application to be incomplete and denied.

First Name		Last Name	
Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	Date of Birth: / /		
Street Address			
City		State	Zip Code
Home Phone ()		Cell Phone ()	
Email Address			
Shirt Size <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large <input type="radio"/> X-Large <input type="radio"/> 2X-Large	Swimming Ability <input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Average <input type="radio"/> Proficient <input type="radio"/> Excellent		
Do you have Native American ancestry? <input type="radio"/> Yes <input type="radio"/> No			
Primary Parent's side:		Secondary Parent's side:	
Do you speak another language? <input type="radio"/> Yes <input type="radio"/> No		If so, which ones:	

2

Academic Information

When did you graduate from high school? / /		
What high school did you graduate from?		
Have you studied abroad in another country? <input type="radio"/> Yes <input type="radio"/> No		If so, what country?
Are you currently enrolled in one of the following:		
<input type="radio"/> Junior College	<input type="radio"/> Liberal Arts College	<input type="radio"/> State College/University <input type="radio"/> Other: _____
Are you a:		
<input type="radio"/> First Year	<input type="radio"/> Sophomore	<input type="radio"/> Junior <input type="radio"/> Senior <input type="radio"/> Graduate Student <input type="radio"/> Other: _____
Name of school:	City	State Zip Code
Major Field of Study		Expected Graduation Date / /
Do you plan to pursue a Master's Degree? <input type="radio"/> Yes <input type="radio"/> No		If so, what major/concentration:
Do you plan to pursue a Doctoral Degree? <input type="radio"/> Yes <input type="radio"/> No		If so, what major/concentration:



3

Short Answer Questions

In your own words, please answer all questions, typed or legibly printed, with three or more sentences. Please do not leave any blanks.

The program is designed to model a college experience, and students are encouraged to confront issues, personal or otherwise, with staff, mentors and fellow students. These questions help us better understand you and make sure that you feel prepared—mentally, emotionally and physically—for the summer program.

Have you ever been impacted by a mentor in your life? Please explain.

How comfortable are you working with high school students? What previous experiences would help you to be a mentor to high school students?

What makes you feel confident and competent to provide a support system for high school students for two weeks?

Part of the program requires mentors to participate in certain ceremonies under the supervision of elders, whether from your own traditions or not. Are you comfortable with this? Why or why not?

3

Short Answer Questions

Describe a situation where you had a conflict with a colleague or mentee. How did you handle it?

Mentors are required to participate in a week-long training session. What issues/topics would you like to see addressed in your mentor training sessions?

This program is an intensive, 24/7 mentoring experience. You may experience moments of burnout, frustration or fatigue. Please describe how you deal with these kinds of emotions.

What do you think your biggest challenge would be as a mentor for high school students?

3 Short Answer Questions

Please list three of your strengths and three of your weaknesses and explain why you consider them strengths or weaknesses.

4 One Essay (700 Word Minimum)

Please answer this two-part essay (700 word minimum) on a separate sheet.

1. Why do you want to be a mentor in this program? What experiences have informed your desire to be a mentor?
2. Discuss a situation where you have faced a significant challenge. How did this experience affect you and what did you learn from it?

5 Resume

Please attach a resume (two page maximum).

6 Short Biography and Headshot

Please attach a short biography and headshot to the application.

7 Medical Insurance Card

Please attach a copy of your medical insurance card, both the front and back.





Medical Information

This form will accompany you when seeking medical treatment; a medical provider will need to review the form before treating your illness or injury.

Mentor Name	Date of Birth / /
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Home Phone ()	Cell Phone ()
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Home Address

City	State	Zip Code
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Emergency Contact #1	Email
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Home Phone ()	Cell Phone ()
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Emergency Contact #2	Email
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Home Phone ()	Cell Phone ()
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If you have any condition that may require special treatment it is imperative that a medical provider is alerted. Please indicate if you have any ongoing medical or emotional problems that may require special attention.

<input type="checkbox"/> Asthma	Medication? _____
<input type="checkbox"/> Anxiety	Medication? _____
<input type="checkbox"/> Depression	Medication? _____
<input type="checkbox"/> Food Allergies	Medication? _____

Any other medical conditions or needs:

Dietary needs:

Please list ALL prescription and over-the-counter medications (with dosages) that you will take during the course of program:

Name of Medical Provider	Policy Number
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Primary Care Provider Name

Address

City	State	Zip Code
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MENTOR READ AND SIGN: I hereby certify that to the best of my knowledge the above medical statement is accurate. I give my consent to Pitzer College or medical personnel at another institution to provide whatever medical treatment they may deem necessary for my health and welfare. It is also understood that no major surgery will be performed on myself without my further specific consent except in those cases of extreme urgency when the delay in obtaining my consent may constitute a serious risk of life to me. I further realize that expenses for medical attention shall be my responsibility.

Mentor Signature: _____ Date: _____

9 Program Policies and Procedures

By signing my initials for each of the following, I, _____, as a staff member of Pitzer's Native Youth to College Program, agree to the following regulations and understand the consequences if program policies, regulations, and/or procedures are not strictly adhered to. All items must be initialed in the space provided in order to have my application considered for Pitzer's Native Youth to College Program.

Mentor Initials	Program Policies and Procedures
	Commit to completing the entire mentor training & program session.
	Comply with Pitzer College and dormitory/residency hall rules, as well as federal, state and local laws and regulations and not infringe on the rights of others.
	Use of alcoholic beverages and smoking is strictly prohibited during the Native Youth to College Program and will be grounds for immediate dismissal. Narcotics are prohibited unless prescribed by a medical doctor and written notification of required use is given to the Program Director.
	Possession and use on firearms/weapons during the Native Youth to College Program while at Pitzer College or on an off-campus trip is strictly prohibited and will be grounds for immediate dismissal.
	I understand that I am responsible for the payment of repairs or replacement of damaged property.
	Key and Meal Cards: Each participant will be issued a key for his/her room and a meal card. A fee of \$30 will be charged for a lost key card.
	Meet with Program Director and Mentor Trainer and facilitators as scheduled.
	Attend all program-sponsored trips, recreational activities and planned outings.
	Mentors are not allowed to fraternize with opposite-gender students outside of mentoring nor are allowed in dorm rooms except in an emergency.
	Visitation from outside friends during mentor training and the program session is NOT permitted.
	I understand that I will not be allowed in any non-departmental vehicles.
	Keep dorm room and personal belongings neat and orderly.
	Program coordinators have the authority to issue supplementary rules as the need arises.

10 Disciplinary Procedures

Every Native Youth to College Program staff member will have the authority and responsibility to report violations of rules, policies and regulations. These reports will be submitted daily to the Program Director in writing on a Staff Report Form. If a mentor is found in any violation of the rules, a warning will be given to correct behavior. With the exception of those items that are grounds for immediate dismissal, mentors will be given three warnings.

Print Name: _____

Signature: _____ Date: _____



11 Consent to Participation

I hereby consent to participate as a mentor in the Mentor Training (July 1 to 5, 2018) and the 10th annual Native Youth to College Program session (July 6 to 20, 2018) at Pitzer College in Claremont, California. I understand that room and board will be provided at an on-campus dormitory and that I will serve as a mentor chaperon 24 hours a day in the program's dormitories and during all daily activities. I am required to comply with Pitzer College rules and regulations, as well as all federal, state, and local laws and regulations.

I understand that I will participate in on- and off-campus activities. I further understand that the Native Youth to College Program will provide security and will supervise all on- and off-campus planned activities. The Native Youth to College Program will not be responsible for any accidents, injuries, or other misfortunes that may occur as a result of my violation of Pitzer's rules, regulations or policies or federal, state and local laws.

All emergency-related expenses will be my own responsibility. The Native Youth to College Program reserves the right to terminate my enrollment as a mentor at any time due to a violation of any rule, regulation, or policy established by Pitzer College and/or the Native Youth to College Program.

I understand and acknowledge that certain risks are inherent to participation in recreational activities. These types of injuries may be minor or serious and may result from my own actions, as well as the actions or inactions of others, or a combination thereof. I understand that certain rules and regulations are designed for the safety and protection of both myself, other mentors, participants, and Native Youth to College employees.

I hereby agree to abide by these rules and regulations. I understand that certain activities require a minimum level of fitness and health, including mental, physical, and emotional wellness, and that each person has a different capacity for participating in these activities. The Native Youth to College Program will not be liable for any personal injury or loss of personal property in any way resulting from my voluntary participation in these activities.

Having fully read and understood this permission and informed consent form in its entirety, I hereby consent to participate in the Native Youth to College Program and declare that all information provided in this application packet to be true.

I hereby give permission to the Native Youth to College Program to use any slides, images, photographs, videos, and/or statements that may be taken of myself during the course of the program for marketing and/or promotional purposes in print or online.

Mentor Full Name (Print): _____

Signature: _____ Date: _____

12 Recommendation Form

The applicant listed below is applying to be a mentor for the Native Youth to College Program. Please comment on the applicant’s overall ability in the following areas, taking into specific consideration of the applicant as a mentor.

Please return this reference in a sealed envelope bearing your signature across the sealed flap. However, if you would prefer to send your evaluation directly, feel free to send it electronically to scott_scoggins@pitzer.edu.

Applicant Name: _____ Date: _____

Please rate this applicant as objectively as possible in comparison with others you have taught/worked with.	Excellent	Average	Poor	Unable to rate
Intellectual Curiosity				
Creativity				
Motivation				
Respect Accorded by Peers & Faculty				
Honesty and Integrity				
Ability to Work and Learn from Others				
Perseverance				
Seeks Help When Needed				
Open Mindedness				

Expand on the following two qualities of the applicant.

Comment on the applicant’s perceived ability to be a mentor.

Comment on the applicant’s overall strengths and weaknesses.

Other Comments

Name of Reference: _____ Date: _____

Relationship to Applicant: _____

Signature: _____ Date: _____

13 Wishtoyo Waiver





WISHTOYO
CHUMASH FOUNDATION

**Wishtoyo Foundation and Chumash Village
Programs Release Form**

Participant Name _____
Birth Date _____ Male _____ Female _____ Decline/Other _____
Parent/Guardian Name _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____
Emergency Contact Name _____
Phone _____ Relationship _____

Release and Hold Harmless Agreement / Authorization for Treatment of Minor

For and in consideration of the participation in (Wishtoyo Foundation/Chumash Village Programs), and with complete understanding that said participant shall engage in various physical activity on the beaches and waters on the Pacific ocean, I, we the undersigned (Father, Mother and or guardian) of the participant, a minor, or self if an adult over eighteen years, do release and hold harmless, (Wishtoyo Foundation/Chumash Village Programs), County of Ventura (**Los Angeles**), City of Ventura (**Malibu**), The State Of California, (Los Angeles County Dept. Beaches and Harbors, ...), officers, employees, volunteers, and agents, vendors from any and all action, causes of action, claims, demands, damages, costs, loss of service, expenses and compensation, on account of or in any way growing out of any and all known and unknown personal injuries and property damage which we may not or hereafter have as parents and or guardians of said minor, and also all claims or rights of action for damages which the said minor has or may hereafter have, either before or after he has reached his majority, resulting or to result from or in connection with or participation in and / or arising out of travel to or returning from said program. We the undersigned hereby acknowledge the undersigned to be lawful parents and/ or guardian of the above mentioned minor and we therefore acknowledge our qualifications to sign the agreement on behalf of the said minor. Furthermore, in accordance with Chapter 1524, Section 25.8 of the civil Code of California, I give authorization to any physician or surgeon, licensed under the provisions of the medical practice act, for said participant to receive medical care and / or emergency treatment when necessary. Any expenditure for care and treatment is my responsibility.

Voluntary release, waiver, assumption of risk

An agreement in consideration of my participation and or my child ("Participant") in Wishtoyo Foundation/Chumash Village Programs (the "event") presented by (Wishtoyo Foundation/Chumash Village Programs). All activities associated therewith the undersigned parent or guardian, heirs, next of kin, spouses; do hereby agree to, understand and acknowledge:

1. Release, discharge and covenant not to sue (Wishtoyo Foundation/Chumash Village Programs) their affiliated companies, their officers, directors, agents, contractors, The City of Ventura, State Parks and Recreation Dept., the State of California, The City of Oxnard, from any and all claims, loss, liability, damages, or expenses related to the "event."
2. Understand that kayaking, canoeing, surfing and the outdoors can be dangerous. Such hazards as hidden rocks, rip tides, stingrays, and other dangers that come with the sport of surfing do exist.
3. Voluntarily elect to accept all risks connected with the undersigned participant.
4. This agreement applies to any incident, injury, accident, or Death, associated with the "event".
5. I have read this document. I understand it is a release and waiver for all claims or lawsuit or otherwise. I have voluntarily signed my name (the parent or guardian of the participant) showing that I accept all the above provisions for the participant at camp.

9452 Telephone Rd. #432
Ventura, CA 93004
(805)323-7023



WISHTOYO
CHUMASH FOUNDATION

The authorized person further understands and agrees:

1. (Wishtoyo Foundation/Chumash Village Programs) expects for the participant staff to provide emergency trained personnel. Participants must bring their own towel, water bottle, snacks, sunscreen, and set of warm clothes. Beach conditions do change throughout the day and weather is often different from inland weather.
2. Kayaking, scuba diving, snorkeling, hiking, surf camp, tomol (canoe) activities, beach cleanup and other cultural or community science activities take place in Open Ocean, sand dune, mountainous environments. This is a Chumash marine stewardship lesson and is not designed to teach swimming skills. All participants are expected to stay on the sand until instructors are ready to go into the ocean, or other environments with the students. Wishtoyo **will not** give permission or participate in any student or staff going into the ocean without prior exhibited experience (i.e. swim and/or dive certification) and with an active lifeguard on duty. Activities in Open Ocean are inherently dangerous activities. No participant will be allowed to participate in any water activities connected to or associated with (Wishtoyo's Foundation/Chumash Village Programs) with out exhibited experience (i.e. swim and/or dive certification).
3. Wishtoyo Foundation/Chumash Village Programs enforces a "zero tolerance" policy. In order to guarantee that all participants have the best possible experience with (Wishtoyo Foundation/Chumash Village Programs), any possession of alcohol, illegal drugs, weapons, or other illegal contraband, or any participation in dangerous or illegal activities will be investigated and reviewed by camp staff. All incidents will be considered on a case-by-case basis. If upon review we find that an unsafe condition exists, or that someone knowingly violated our zero tolerance policy, we reserve the right to expel that person.

_____ Date _____
Participant Signature

_____ Date _____
Parent/Guardian Signature (Under 18)