

**Latino Resource Center
Division of Student Affairs**

Northern Illinois University

Clinton Rosette Middle School Program

Guidelines

Submitted by
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Assistant Director

Latino Resource Center
Division of Student Affairs

Clinton Rosette Middle School
Mentoring Program (7th & 8th grades)

Purpose: To provide educational, social and cultural support through positive role models.

1. Academic Objectives

- To provide a path towards a college education
- To assist with the middle school to high school transition
- To help increase school attendance
- To connect participants with “Conexion Comunidad” after school program and tutoring services.

2. Social Objectives

- To establish a sense of belonging in the school and the community
- To create an open line of communication between other students, and teaching staff
- To provide an open forum in which students can express their cultural and social beliefs.
- To strengthen the communication between parents, students, and school staff
- To help parents know about the school system structure and the various community resources

3. Personal Development Objectives

- To provide gender and cultural awareness programs
- To facilitate health discussions
- To assist students in the development of personal goals

Activities:

- Fieldtrips (academic, social, cultural, artistic)
- Summer Activity
- College student for a day (when school is not in session)

Implementation:

- Application with permission of parents to participate
- Roster of participants
- Fieldtrips and NIU visits must be pre-arranged and structured with the appropriate permission slips from parents with specific drop-off and pick-up instructions.

Mentors/Requirements:

- NIU male Latino students in good standing (at least a 2.5 cumulative gpa)
- Participating mentors will sign-in commitment as mentors for a minimum of one semester
- Mentors will comply with DeKalb school district’s criminal background check and TB test.
- Facilitator of middle school visits will be an LRC staff (male graduate student)

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Contact Information

<p>Latino Resource Center 515 Garden Rd DeKalb, Illinois 60115 815-753-1986</p> <p>Dr. Emily Prieto Director</p> <p>Susana DasNeves, M.s, Ed.s Assistant Director</p> <p>Carrie Anderson Administrative Assistant</p> <p>Javier Talavera Mentoring Program Coordinator</p>	<p>Clinton Rosette Middle School 650 N. First Street DeKalb, Illinois 60115 815-754-2226</p> <p>Craig Bowers, Principal</p> <p>Marcus Lewis, Assistant Principal</p> <p>Robin Jones, Counselor</p> <p>Barbara Luchsinger, Secretary Lisa Ruiz, Secretary Mishelle Rodgers, Secretary</p>
<p>Northern Illinois University Registration & Records</p> <p>Carol Patch, Secretary 753-5051</p> <p>Students need to go to the NIU Teacher Certification website and download the criminal background check form and follow instructions. The cost is \$35.00 as of 7/30/07 and it takes 5 days.</p> <p>LRC staff can check results of background on cicsprod system EU17 screen. Students can get a copy from Registration & Records in Williston Hall 201</p>	<p>Northern Illinois University Health Services</p> <p>TB Test Contact: Carol Sibley, RN Coordinator 753-9768</p> <p>Tests are done only on Monday, Tuesday Wednesday, or Friday. Walk-in no appointment needed. Must be able to return in two days to get results. If positive an X ray of lungs is needed. The X-ray and test are free to NIU students who pay student fees. No medical insurance is needed for this service.</p>
<p style="text-align: center;">Conexion Comunidad 637 N. 11th Street Dekalb, Illinois 60115</p> <p style="text-align: center;">815-754-0980 info@conexioncomunidad.com</p>	

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Permission Slip

Event Information

Event:

Date:

Time:

Location:

DROP OFF:

PICK-UP:

Contact information:

Last Name

First Name

Middle Initial

Home Address

City

State

Zip Code

Phone Number

To the parent or guardian:

Please read this form carefully and be aware that in enrolling and participating in the Latino Resource Center Mentoring Program at Clinton Rosette Middle School, you will be waiving and releasing all claims for injuries you or the participant may sustain.

As a participant or guardian of a participant in the Latino Resource Center Mentoring Program at Clinton Rosette Middle School, I do hereby fully release and discharge the Latino Resource Center Mentoring Program at Clinton Rosette Middle School, its members, officers, directors, employees, assistants, and volunteers (hereinafter referred to collectively as the "volunteers") from any and all claims from injuries, damages, or losses which I or the above participant may have or which may accrue on account of participation in the Latino Resource Center Mentoring Program at Clinton Rosette Middle School (hereinafter referred to as the "Program").

I do hereby as a parent or guardian specifically release and discharge the volunteers from any causes of action I may have as a parent or guardian for support, mental or emotional affect or otherwise arising out of my relationship to the participant. I further agree to indemnify and hold harmless and defend the volunteers from any and all claims resulting from injuries, damages, and losses sustained by me or the above participant and arising out of, connected with, or in any way associated with the activities of the Program. I have read and fully understand the nature of the Program and Waiver and Release of All Claims.

Signature of Parent(s) or Guardian

Date

Name of Participant

Date

Parent/Guardian Last Name

First Name

Middle Initial

Address/City/Zipcode (if different from above)

Home No.

Work No.

Emergency No.

Centro de Recursos para Latinos
Division of Student Affairs
Northern Illinois University
Clinton Rosette Middle School Programa de Mentores

Permiso

Información del Evento

Evento:

Fecha:

Hora:

LLEVAR:

RECOGER:

(los participantes caminarán juntos al evento, es importante que los padres los dejen y los recojan a tiempo)

Contacto de emergencia:

Información del Participante:

Apellido	Nombre	Inicial
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Dirección

Ciudad	Estado	Código Postal
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Teléfono

Padre de familia ó tutor:

Favor de leer con detalle la presente y dé por enterado que al autorizar la participación de su hijo en el programa de Mentores del Centro de Recursos para Latinos, usted no nos hará responsable de reclamos o accidentes que puedan incurrir.

Como participante o tutor del participante del Programa de Mentores del Centro de Recursos para Latinos en Clinton Rosette Middle School, Yo libero de toda responsabilidad al Programa de Mentores del Centro de Recursos para Latinos en Clinton Rosette Middle School, sus miembros, directores, empleados, asistentes y voluntarios (De aquí en adelante referidos colectivamente como "voluntarios") de cualquier reclamo, daño, accidente, o pérdida que yo o el participante mencionado en esta forma puedan adquirir a raíz de la participación en el Programa de Mentores del Centro de Recursos para Latinos en Clinton Rosette Middle School (De aquí en adelante referido como al "Programa").

Estando de acuerdo, como padre de familia o tutor libero a los voluntarios de toda causa de demanda que pueda tener como padre de familia o tutor a consecuencia de la participación de mi hijo en el Programa de Mentores del Centro de Recursos para Latinos en Clinton Rosette Middle School. Atestiguo haber leído y comprendido la naturaleza del programa y la liberación de todo tipo de reclamos/demandas.



Firma del padre/Tutor	Fecha
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Nombre del Participante	Fecha
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Nombre del Padre/Tutor Apellido	Nombre	Inicial
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Dirección (si es diferente de la de arriba) Teléfono de casa	Teléfono Trabajo	Teléfono de emergenciy
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Latino Resource Center
Division of Student Affairs
 Clinton Rosette Middle School Mentoring Program
Mentor Participation Agreement

Please print clearly

New Mentor: _____ Returning Mentor: _____

 Last Name First Name M. I.

ZID _____ SSN: _____

 Local Address

 City State Zip Code

 Major GPA _____

 Phone (cell) Phone (home)

Email _____

Confidentiality Agreement
 In order to facilitate a trustful relationship between Mentors and Mentees, it is necessary for mentors not to disclose any personal information and concerns of their mentees with other individuals. Mentors must agree to and comply with this agreement. Mentors should consult with and notify the School Counseling and Latino Resource Center staff when emergency or difficult situations arise.

I understand and agree to honor this confidentiality and privacy agreement. I also understand that my participation as a Mentor is subject to compliance of a criminal background check and TB test.

 Student Signature Date

<p>FOR LATINO RESOURCE CENTER ONLY</p> <p>Verification:</p> <p>_____</p> <p>GPA _____ Background Check TB test Informational Meeting</p>	<p>Date: _____</p> <p>LRC Staff: _____</p>
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