



Summer Service Application Cover Sheet

Name _____ Class Year _____

Initial when completed:

Application completed	_____
2 Page typed essay completed	_____
2 Reference forms (1 personal, 1 professor)	_____
Supervisor Evaluation Form	_____
Project interest form	_____
Resume attached	_____
Mentor Commitment Form	_____
Request for Clearance form	_____
Pathways Release form	_____
Background Disclosure form	_____

Please ensure that all items are complete and attached to your application.



Application for Pathways Summer Service Program

Personal Information

Last Name	First Name	Middle Initial	
Date of Birth (Mo/Day/Year)		Sex M/F	
University Address	City	State	Zip Code
University Phone	Email Address	Home Phone (if Different)	
Home Address (if different)	City	State	Zip Code
Expected Graduation Date	Major	Minor (if applicable)	
Have you ever been convicted of a crime? If Yes, please explain. ____ Yes ____ No			

Mentor Information

Mentor Name	Address	City	State	Zip Code
Mentor Email Address	Mentor Phone Number	Alternate Phone Number		

Emergency Contact Information

Emergency Contact Name	Address	City	State	Zip Code
Emergency Contact Email	Phone number	Alternate phone	Relationship to you	

Employment Information

Have you ever been fired or asked to resign from a job? Please Explain.

____ Yes ____ No

How would you describe your work ethic?

What are the major strengths that you bring into a job?

What are the biggest challenges you face in a work environment?

What is the best job you have had to date and why?

What is the worst job you have had to date and why?

Is there any additional information that you feel we should know about your job history, work ethic, skills, etc.?

GUIDELINES FOR ESSAY

2 page typed essay (double spaced) that describes why you would like to participate in Pathways Summer Service and why you believe that you are prepared to be a part of this summer's program. Some areas to think about when writing your essay include:

- What personal goals do you hope to achieve by participating in the program?
- What does service mean to you?
- What are your current career goals after graduation?
- Any additional information you feel is necessary for us to know who you are.

RESUME REQUIREMENTS

- Resume should be no more than 1-2 pages
- Should include your volunteer and work experience
- If you do not have a resume, please schedule an appointment with a career counselor to get help putting it together.

REFERENCE REQUESTS

Do not wait until the last minute to get the reference forms filled out. Please provide no less than 2 weeks for your references to fill out the form.



PATHWAYS

REFERENCE FORM

Name of Candidate _____ Date _____

NOTE: This evaluation will be kept in confidence from the candidate only if the candidate signs below. There is no obligation on the part of the candidate to sign.

(CANDIDATE should sign below if applicable.) I agree that this evaluation may be kept in confidence and shown only to bonafide employers and/or university officials with legitimate interest in reviewing the same. I understand that by entering into this agreement I am waiving any right of inspection or review of this evaluation which may have been granted under the terms of the Family Educational Rights and Privacy Act of 1974.

Student Signature: _____ Date _____

EVALUATION OF CANDIDATE

	Exceptional	Good	Satisfactory	Needs improvement	Did not observe
Academics					
Spirit of Cooperation					
Thoroughness in Preparation					
Initiative and Enthusiasm					
Leadership					
Creativeness					
Poise and Maturity					
Sense of Responsibility					
Verbal Communication					
Written Communication					
Professional & Ethical Behavior					
Attitude					
Growth Potential					

The Pathways program participants are sent to various locations around the United States to serve in non-profit organizations, camps, mental health institutions, and many others for an extended length of time. A high level of maturity is required to be successful in this program.

Would you recommend this person for this program? ____ Yes ____ No

Why or why not? _____

If there anything about this candidate that you think would be important for us to know (good and not so good) in helping us make a determination on their participation in the program?

COMMENTS:

Print Name _____

Length of time known candidate _____ Relationship _____

Signature _____ Date _____

Position or Title _____ Organization _____

Phone _____ E-mail _____

May we contact you if we require further information about this person? Yes No

Thank you so much for taking the time to fill out this evaluation form. This information will be used with a variety of other factors to determine this student's maturity level and ability for a service learning program called Pathways at Manchester University. Please feel free to contact Carole Miller-Patrick at 260-982-5721 or CMMiller@manchester.edu if you have any questions about the program or this evaluation form.

The completed form can be placed in the provided envelope and given to the student, faxed to 260-982-4195 or emailed as an attachment to CMMiller@manchester.edu.



REFERENCE FORM

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Would you recommend this person for this program? Yes No
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SUPERVISOR EVALUATION FORM

Employee Name: _____ Dept. _____

Date of Hire: _____ End Date: _____

NOTE: This evaluation will be kept in confidence from the candidate only if the candidate signs below. There is no obligation on the part of the candidate to sign.

(CANDIDATE should sign below if applicable.) I agree that this evaluation may be kept in confidence and shown only to bonafide employers and/or university officials with legitimate interest in reviewing the same. I understand that by entering into this agreement I am waiving any right of inspection or review of this evaluation which may have been granted under the terms of the Family Educational Rights and Privacy Act of 1974.

Student Signature: _____ Date: _____

Rating System	
1= Unsatisfactory	2=Needs Improvement
3= Satisfactory	4= Exceeds expectations
5= Significantly exceeds expectations	

1. Quality of Employee's work _____

Comments _____

2. Exercise of good judgment _____

Comments _____

3. Attendance _____

Comments _____

4. Employee involvement/participation in team effort _____

Comments _____

5. Attention to company policies and procedures _____

Comments _____

6. Interpersonal relationships and communication with co-workers _____

Comments _____

7. Taking initiative to achieve goals and complete assignments _____

Comments _____

8. Responsiveness to changing work requirements _____

Comments _____

9. Work ethic _____

Comments _____

10. Overall performance rating _____

Comments _____

Areas of Strength:

Areas of Improvement:

Date: _____

Supervisor's Signature

Thank you so much for taking the time to fill out this evaluation form. This information will be used with a variety of other factors to determine this student's maturity level and ability for a service learning program called Pathways at Manchester University. Please feel free to contact Carole Miller Patrick at 260-982-5721 or CMMiller@manchester.edu if you have any questions about the program or this evaluation form.

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PATHWAYS

Summer Service Program

Project Preferences Form

Name: _____

What type of work do you prefer? (i.e. advocacy, homeless, childcare, etc.)

Please explain your interests and career goals. Do you have a passion for a specific population of people or a type of work?

Is there a type of placement that you would not like to be involved with or a population that you are not interested in working with? Why?

What experience have you already had with volunteering? (places, types of experience, etc.)

If you have any questions, please contact Carole Miller-Patrick at 260-982-5721 or e-mail her at CMMiller@manchester.edu.



MENTOR COMMITMENT FORM

The role of the mentor throughout the Pathways experience is an extremely important one. The mentor is the direct link throughout the summer with the student and often engages in conversations that only take place between the student and the mentor. Due to the important nature of this relationship it is vital that mentors be committed to the student and being a part of their journey for the entire Pathways experience. In order to be considered for the mentor role, you must be willing to be committed to the following:

1. Be available and willing to communicate with the Pathways student weekly (or more) from May through July. If you are available before and after those dates we certainly encourage you to remain in contact with the student. The role of a mentor can be a powerful and life directing relationship and we hope that you will be an active part of the student's life beyond this experience.
2. Commitment to hold the student accountable for goals and being personally responsible for their actions throughout the Pathways experience.
3. Willingness to talk openly and honestly with the student about their experiences and provide appropriate counsel when necessary.

Please tell us a little about why you would like to be a mentor for this student:

Student Name _____ Relationship _____
Print Name _____ Date _____
Signature of commitment to the above terms _____
Home Address _____ City, State, Zip _____
Phone _____ Alternate phone _____
Email Address _____

Request for Clearance Form

Student: Please complete the top section of this form and submit it to the Dean of Student Experience on the second floor of Calvin Ulrey.

Student Name: _____

Name of Program/Position: _____

Application Deadline: _____

I hereby grant permission to the appropriate college official to respond candidly to the question as listed on this form.

Student Signature: _____ Date: _____

If any disciplinary sanctions are incurred after I have submitted this document, I agree to obtain and submit another form.

Student Signature: _____ Date: _____

Dean of Student Experience: Please read and check appropriate statement below:

The above named student has applied for the Pathways Program. Participation in this program will be a highly demanding experience. Students will be role models for campus in this position. Providing the information requested below will assist Manchester University in making the best decision regarding this student's suitability for this particular program. Please feel free to use the reverse side of this form as needed for your response.

_____ This student is in good social standing and has no record of disciplinary action.

_____ This student does have a record of disciplinary action. Provide details below.

Dean of Student Experience

Date

Return this form to the attention of:
Carole Miller Patrick, Pathways Director, Calvin Ulrey, first floor, Box 17

Manchester University

STATEMENT OF VOLUNTARY CONSENT,

GENERAL RELEASE AND WAIVER OF LIABILITY

In consideration of my participation in a Pathways Summer Service Programs experience (“Pathways Experience”), an opportunity facilitated by Manchester University, and for the good and valuable consideration received by me, I, _____ assume all responsibility for any dangers, risks or injuries inherent in participating in the Pathways Experience. I further hereby agree to hold harmless and release Manchester University, its employees, Board of Trustees, and their successors (collectively “MU”), from any and all claims and demands whatsoever, which I, my family, heirs, and/or personal representatives, have or may have against MU, by reason of accident, illness, injury, property loss or damage or any other consequences arising or resulting directly or indirectly from my participation in Internship programs or related activities.

I hereby declare and represent that by signing this Statement of Voluntary Consent, General Release and Waiver of Liability, I fully understand and acknowledge by my signature, that I am relying wholly upon my own judgment, belief and knowledge of the circumstances involved in my participation in the above described programs, and I have read this Statement, understand its contents, and execute it of my own free will and choice.

In Witness Whereof, I have signed this document on this the _____ day of _____, 20_____, in North Manchester, Wabash County, Indiana.

Witness

Signature of Student