



# COMMUNITY RESOURCES, INC.

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## **ACADEMIC MENTORS PROJECT • STUDENT NOMINATION FORM** ***(P. 1 TO BE COMPLETED BY TEACHER)***

STUDENT'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ Date \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
SCHOOL ADDRESS \_\_\_\_\_ SCHOOL HOURS \_\_\_\_\_  
SCHOOL PHONE NUMBER \_\_\_\_\_ PRINCIPAL \_\_\_\_\_

### **HOME CONTACT INFORMATION**

Parent #1 Name \_\_\_\_\_ Parent #2 Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (home) \_\_\_\_\_ Phone (home) \_\_\_\_\_  
Phone (work) \_\_\_\_\_ Phone (work) \_\_\_\_\_  
Phone (cell) \_\_\_\_\_ Phone (cell) \_\_\_\_\_  
E-mail \_\_\_\_\_ E-mail \_\_\_\_\_  
Student's Email & Cell Phone (if applicable) \_\_\_\_\_

### **NOMINATION DATA**

#### **A. Special Interests**

1. The student has demonstrated an interest and is motivated to learn more about this specific field or career: \_\_\_\_\_  
*Please narrow to a specific interest such as Egyptology or architecture rather than the broader field of science, math or history.*

#### **B. Student Profile**

1. Please describe briefly this student's academic performance, learning style, ability to relate to adults and follow-through on projects and assignments. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
2. Is this student mature, motivated, and able to work independently with little supervision?  
\_\_\_\_\_  
\_\_\_\_\_  
3. What would you like for the student to gain from this mentorship experience?  
\_\_\_\_\_  
\_\_\_\_\_

#### **C. Gifted and Talented Designation**

Has the student been identified as G/T through the DPS evaluation process? Yes \_\_\_ No \_\_\_  
If no, is the student in your talent pool? Yes / No Area/Date identified \_\_\_\_\_

Nominating Person \_\_\_\_\_ Title/Position \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Classroom Teacher (if nominated by someone else) \_\_\_\_\_



**Community Resources, Inc.**  
**Academic Mentors Project Nomination**  
***(P. 2 TO BE COMPLETED BY STUDENT)***

To Student:

Congratulations! You have been nominated for the Academic Mentors Project. This program matches students like you with an adult volunteer. The purpose of this match, or mentorship, is to allow you to spend some time with an expert in a field or career in which you are interested.

Page Three of this nomination asks you some questions that will help identify a mentor who will best serve your interests. Please take some time to consider and respond to each question. You may ask a teacher or parent to help you.

Once your completed nomination form is received by CRI from your teacher, your parents will be called to discuss the program in more detail. In the meantime, if you have any questions please feel free to contact me at 720-424-2300.

Laura Kent, Project Manager

**As a participant in the Academic Mentors Project, it is important that you make the following commitment. Please read carefully, sign and return with your nomination.**

- I understand that mentors have busy schedules and donate their time to work with students, so I will always try to meet with my mentor at the scheduled times.
- I realize that my parents are responsible for transporting me to meet with my mentor unless the meetings are held at the school.
- If I am unable to meet with my mentor, I will call as far in advance as possible to let my mentor or the project manager know I will not be meeting. I will reschedule any missed meetings.
- I realize that mentors like to get feedback from students. I will try to let them know about my interests and how I am feeling by asking questions and listening well.
- I will work with my mentor to accomplish a project which demonstrates some aspect of what I learned during the mentorship and will present this project to my classmates.
- At the end of the mentorship, I will complete the evaluation form and return it to the project manager and write a thank you note or letter to the mentor.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)



**Community Resources, Inc.**  
**Academic Mentors Project Nomination**  
**(P. 3 – TO BE COMPLETED BY STUDENT IN INK)**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

1. In what subject area would you like to work with a mentor?

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2. Why are you interested in this field?

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3. What activities have you undertaken to explore this interest?

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4. What would you like to learn from a mentor?

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5. List three questions you would ask a mentor about this area of interest:

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**Community Resources, Inc.**  
**Academic Mentors Project Nomination**  
***(P. 4 – TO BE COMPLETED BY STUDENT)***

Please mark the most accurate response to the following statements:

	<b>YES</b>	<b>NO</b>	<b>SOMETIMES</b>
I effectively prioritize tasks			
I wait until the last minute to finish a project			
I push myself to learn about things			
I ask good questions			
I can take suggestions from others			
I ask for help when I need it			
I enjoy feeling challenged			
I can tolerate structured guidance from others			
I am comfortable talking with adults			
I stay on top of tasks without being nagged by my parents			
I have good communication skills			
I can work independently on the computer			



**Community Resources, Inc.**  
**Academic Mentors Project Nomination**  
***(P. 5 TO BE COMPLETED BY PARENT)***

To Parent(s) and Guardians:

You should be very proud. Your student is receiving a nomination to participate in the Academic Mentors Project. This program matches students with adult volunteers to expose students to a field or career in which the student has expressed interest. Students selected for the program will spend approximately 6 hours with their mentor, learning hands-on, one-on-one with an expert in their chosen field.

Page four of the nomination form outlines your responsibilities as this student's parent or guardian to ensure that the experience is positive and successful for both your child and the volunteer mentor.

Please read carefully and return this page to your child's teacher so the nomination may be submitted to Community Resources, Inc. If you have any questions, please contact the Academic Mentors Project Manager, Laura Kent at 720-424-2300.

**As a parent or guardian of the student nominee to the Academic Mentors Project, it is important to make the following commitment. Please read carefully, sign, and return to your child's teacher so the nomination forms may be submitted together.**

- I will ensure my child is aware of all of his/her responsibilities to succeed in the Academic Mentors Project.
- I will provide transportation for my child to and from the agreed meeting place.
- I will return phone calls from the mentor and Community Resources, Inc.
- I will notify the mentor as soon as possible if my child must miss or re-schedule a meeting.
- I will contact Laura Kent, project manager for the Academic Mentors Project with questions or concerns about the program and my child's experience.
- I will return the brief evaluation form to CRI at the end of the mentorship and write my mentor a thank you note.

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

I would like program correspondence sent \_\_\_\_\_ by post \_\_\_\_\_ by e-mail.

I give Community Resources Inc. permission to use a photo of my child in communication materials. Photos will be identified only by grade level and school. Yes \_\_\_\_\_ No \_\_\_\_\_