



Regents Summer Math Academy
COUNSELOR-MENTOR APPLICATION

For Students Enrolled at Tennessee State University Only

Academy Dates: July 9-21, 2017

Note: Application package **MUST INCLUDE** the following: 1) List of College Mathematics Courses Taken; 2) Complete Criminal Background Check Authorization Form

(Please print clearly or type)

Name _____

Last

First

Middle

T-Number: _____ Social Security Number _____ Male _____ Female _____

Birth date: _____ Age _____ E-mail address: _____

Local Mailing Address: _____ City _____ Zip Code _____

Cell Phone (_____) _____ | Are you a U.S. Citizen? YES _____ NO _____ | Major: _____

TSU Classification: Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate _____ GPA _____

Expected Graduation Date: _____ I entered TSU as: A New Freshman _____ A Transfer Student _____

Campus Involvement and Offices Held (PLEASE LIST) _____

LIST COLLEGE MATHEMATICS COURSES YOU HAVE COMPLETED BELOW

Will you be available to live and work on campus with high school participants for the entire period of July 9-21, 2017? YES _____ NO _____. (Note: The Summer Math Academy is a Residential Pre-College program that requires your availability during the entire period of July 9-21, 2017.) You are required to check-in to the residence hall (Hale Residence Center) on the evening of Saturday, July 8, 2017, at which time there will be a Counselor Orientation/Training Session. **Indicate below any time conflicts or commitments (classes, other obligations, etc.) that will interfere with you being available for the duration of the Math Academy –be sure to indicate days and times that conflict with you being available during the period of July 9-21, 2017:**

DEADLINE FOR SUBMISSION OF APPLICATION PACKAGE: MONDAY, June 5, 2017. Please submit your application package in person or scan and e-mail to: **Dr. John Robinson, Room 112H McCord Hall or Fax to Dr. John Robinson at fax number (615) 963-5747 / email address: jrobinson@tnstate.edu before 12:00 PM (NOON), MONDAY, June 19, 2017; ***TO BE HIRED AS A COUNSELOR WILL REQUIRE YOU TO:** 1) BE AT LEAST 21 YEARS OLD; 2) COMPLETE THIS APPLICATION; 3) CHECK-IN AND COMPLETE A COUNSELOR TRAINING SESSION ON SATURDAY JULY 8, 2017 AND SIGN A CONTRACT OF EXPECTED DUTIES AND REQUIREMENTS; 3) AGREE TO AND COMPLETE A AUTHORIZATION FORM FOR A CRIMINAL BACKGROUND CHECK REQUIRED BY THE UNIVERSITY FOR ALL ANY PERSONS WORKING WITH MINORS LESS THAN 18 YEARS OLD. THIS APPLICATION AND CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM MUST BE RETURNED TO DR. ROBINSON NO LATER THAN 12:00 NOON ON MONDAY, JUNE 19, 2017. YOU WILL NOT BE ALLOWED TO WORK UNTIL THE RESULTS OF THE BACKGROUND CHECK HAVE BEEN SUBMITTED TO DR. ROBINSON.**

To the best of my knowledge, the above information is correct and I satisfy and agree with the requirements listed above.

Signature

Date

Authorization: Volunteer Background Investigation
Revised July 2014



Please mail, fax or scan-and-email this authorization form to Volunteer Coordinator, PENCIL Foundation.
Address: 421 Great Circle Road, Nashville TN 37228. Fax: 615-254-6748. Email: nbaker@pencilfd.org
Questions? Contact PENCIL at 615-242-3167, ext. 231.

**NOTE: The MNPS Volunteer Policy requires all volunteers to register at www.schoolvolunteers.org.
Please register and then use the site to log your volunteer hours.**

PLEASE PRINT IN INK

☐ I'm ready to volunteer. School _____ School Contact Person _____

☐ I need help finding a volunteer role. Preferred schools _____
Best days & times _____

Last Name _____ First Name _____ Middle _____

Are you a college student? _____ If yes, Name of College _____

Current Address _____ City _____ State _____ Zip _____

Best Phone Contact _____ Email Address _____

Company Name and Address _____

Previous address: Only required if in Tennessee for less than one year OR if you're a college student

Street _____ City _____ State/Zip _____

Have you been convicted of any criminal offense, either misdemeanor or felony, other than minor traffic violations in the last seven years? ☐ Yes ☐ No

Are you currently charged or under investigation for any violation of the law other than minor traffic violations? ☐ Yes ☐ No

Authorization and General Release

I hereby authorize PENCIL Foundation, any or all of its subsidiaries and affiliates and any employee or agent, including Fowlers' Profile Links, Inc., to request and receive any information and records concerning me, including but not limited to, criminal record history and reports from individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement and licensing agencies, and other entities. I further release and discharge PENCIL Foundation and any or all of its subsidiaries and affiliates, and every employee or agent including Fowlers' Profile Links, Inc. and all individuals and personal, business, private or public entities of any kind, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance or attempted compliance, with such request(s). I understand that I have the right to make a written request within 60 days to Fowlers' Profile Links, Inc. for a complete and accurate disclosure of additional information concerning the nature and scope of the Investigation. I acknowledge that I have voluntarily provided the above information for the purpose of registering with PENCIL Foundation as an MNPS volunteer, and I have carefully read and I understand this authorization.

Signature _____ Date _____

**NOTICE – YOU MUST COMPLETE THIS REQUIRED SECTION.
IT IS REMOVED AND SHREDDED WHEN THE REPORT IS COMPLETE.**

Date of Birth _____ Soc. Security No. _____