**Gustie Buddies Application for Volunteers—2015/2016**

**(Application Deadline is Saturday, September 19th)**

**(Applications due in the Center for Community-Based Service and Learning)**

Gustie Buddies is a mentorship program that pairs Gustavus students with developmentally delayed students from St. Peter and the surrounding communities to foster friendship and personal growth. You are expected to meet four times a month with your buddy. Two of the times will be group activities and two times are individual weeks with you and your buddy. Last year, these activities included bowling, a Minnesota Twins game, science experiments, painting and many other fun activities. It is an easy and rewarding way to establish a friendship and be a role model for the best kids that you will ever meet!

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year in School: \_\_\_\_\_\_\_\_\_\_

Cell (Campus if no cell) Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have access to a car? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you required to do community service for a class? Yes \_\_\_\_\_\_ No \_\_\_\_\_

Are you comfortable working with a student of the opposite sex? Yes \_\_\_\_\_\_ No \_\_\_\_\_

Are you able to meet with your student 4x a month (2 scheduled events)? Yes\_\_\_\_ No\_\_\_\_

Are you available Tuesday evenings from 6:30-8? Yes \_\_\_\_\_\_ No \_\_\_\_\_

What kind of activities are you interested in that you would like to share with your buddy?

Why do you want to be a part of Gustie Buddies? What are you hoping to receive from the relationship?

Please list any experience you have in working with people with developmental disabilities.

Please list two contacts (outside of your family) that could attest to your qualifications. Preparing them for the possibility of our phone call is advised.

Years You Have

Name Relationship Known Him/Her Phone Number

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that the information on this application will be shared with Gustavus Student Coordinators, Center for Servant Leadership staff, and appropriate professional staff. I understand that signing this will allow the parent and/or legal guardian of my Little Buddy to read this application if they wish.

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Signature Date

The meeting time for Gustie Buddies will be every **Tuesday from 6:30-8:00 p.m.**

We look forward to reviewing your application!

Please feel free to contact us with any questions or comments.

Meg Crosby: [mcrosby@gustavus.edu](mailto:mcrosby@gustavus.edu) or (612)710-5963

Ben Bonser: [Bbonser@gustavus.edu](mailto:Bbonser@gustavus.edu) or (719)352-1214

Anna St.Dennis: [astdeni@gustavus.edu](mailto:astdeni@gustavus.edu) or (612)418-9765

Or contact Dave Newell: [dnewell@gac.edu](mailto:dnewell@gac.edu) or ext 6069

Or visit the Center for Community-Based Service and Learning