

*This document was discussed at the March 10, 2010 Academic Advising Council meeting.*

## Pathways Scholar Mentor Program Information Form

Thank you for your interest in the INTO Oregon State University Pathways Scholar Mentor Program. We generally match male to male and female to female, and do our best to place mentors and INTO Pathways students together based on common interests. Thank you for being open to any international student for matching purposes.

**RETURN COMPLETED FORMS TO THE FRONT OFFICE AT HECKART LODGE LOCATED ACROSS FROM SACKETT RESIDENCE HALL.**

Date: \_\_\_\_\_

**PERSONAL INFO:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Sex: **M F** Age: \_\_\_\_\_ Married: **Y N** Children: **Y N**

Year in school: \_\_\_\_\_ Major: \_\_\_\_\_

Hobbies, interests, favorite sports, etc.: \_\_\_\_\_

**CONTACT INFO:**

Cell ph: \_\_\_\_\_ Home ph: \_\_\_\_\_ Work ph: \_\_\_\_\_

ONID email address: \_\_\_\_\_

Would you be willing to meet with a group of 2-3 students? **Y N**

**Female scholar mentors only:** Would you be willing to work with a male student? **Y N**

**To be filled out by the coordinator:**

Student name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Date matched: \_\_\_\_\_ Met: \_\_\_\_\_ Continuing: \_\_\_\_\_

Student name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Date matched: \_\_\_\_\_ Met: \_\_\_\_\_ Continuing: \_\_\_\_\_

Student name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Date matched: \_\_\_\_\_ Met: \_\_\_\_\_ Continuing: \_\_\_\_\_

Student name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Date matched: \_\_\_\_\_ Met: \_\_\_\_\_ Continuing: \_\_\_\_\_

**THE GLOBAL EDUCATION PARTNERS**

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**DISCIPLINARY HISTORY:**

Do you have a conduct/disciplinary record at Oregon State University? **Y N**

**If yes, please explain on a separate sheet. NOTE: Conduct/disciplinary sanctions could prevent your participation in the INTO OSU Pathways Scholar Mentor Program.**

**As part of my application process, I authorize the INTO Oregon State University program coordinator at Oregon State University to review my student conduct record.**

Student ID Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Why are you interested in becoming a Pathways Scholar Mentor? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever lived or travelled in another country? **Y N**

If so, where and when? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any foreign languages you have studied: \_\_\_\_\_

Have you had any previous contact with international students, i.e. as a conversation partner, tutor, host family, friend, etc.? **Y N**

If so, please describe: \_\_\_\_\_

\_\_\_\_\_

**To be filled out by the coordinator:**

Date interviewed: \_\_\_\_\_ Comments: \_\_\_\_\_

Conduct check: \_\_\_\_\_ Orientation attended/date: \_\_\_\_\_

Email address added to database/date: \_\_\_\_\_

## CONDITIONS OF VOLUNTEER SERVICE

As a volunteer working in a State of Oregon agency, you need to understand the extent to which you are covered by State of Oregon insurance for liability and personal injury/illness. Please read the following carefully and sign below.

### Tort Liability

You will be protected from civil liability for injuries or damage to the person or property of others, subject to the following general conditions:

1. You are working on a state agency task assigned by an authorized agency supervisor;
2. You limit your actions to the duties assigned; and
3. You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others.

The conditions and limits of this protection are as stated in the Oregon Tort Claims Act, ORS 30.260-300, and Oregon Department of Administrative Services Risk Management Division Manual, 125-7-202.

### Motor Vehicle Liability

If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance to provide your primary coverage for any accidents involving that vehicle. State provided auto liability coverage will apply on a limited basis only after your primary coverage limits have been used.

**Voluntary Injury Coverage (VIC).** OSU, through the State of Oregon, has an injury protection plan to cover injuries of authorized volunteers secondarily to the volunteers' own insurance coverage.. It is limited to only injuries due to an accident while performing volunteer duties. The state will pay medical treatment bills, disability, death and dismemberment benefits to the limits and under the terms and conditions described in Oregon Department of Administrative Services Risk Management Division Policy Manual, 125-7-204.If you are injured in a private vehicle, the owner's insurance is responsible for your medical bills.

### Reporting Responsibility

Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you must inform **Candace Pierson-Charlton, Student Services Coordinator** as soon as possible.

**Volunteer Dates:** (Start) 01/01/10 (End) 06/30/2011

### Assigned Duties

Meet with INTO Oregon State University international student(s) for one hour per week, every week for the duration of the term, to help him/her practice speaking English and assist in connecting him or her with any clubs or organizations.

### I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.

Please Print

Name (Last, First, MI):	
Address:	Telephone:
Signature:	Date:
In case of emergency, please notify:	
Home Phone:	Work Phone:
Agency Supervisor: <b>Candace Pierson-Charlton</b>	Telephone: <b>541-737-6981</b>
Title: <b>Student Services Coordinator</b>	Date: <b>01/04/10</b>

**AUTHORIZED STATE VOLUNTEER  
PARTIAL WAIVER AND RELEASE OF RIGHTS  
UNDER THE OREGON TORT CLAIMS ACT  
ORS 30.260-300**

**READ CAREFULLY  
(Please Print Information)**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

As an authorized state volunteer performing activities on behalf of the State of Oregon (agency), I understand that the State of Oregon will provide limited medical and accidental death, dismemberment and disability coverage for me in the event I suffer injury due to an accident while performing volunteer duties. In exchange for the coverage, I, for myself, my heirs, executors, administrators and assigns, release and forever discharge the State of Oregon from any and all demands or claims for damage or injury, from any cause of suit or action, known or unknown, that I may have against the State of Oregon, and/or its officers, agents or employees, and from all liability under the Oregon Tort Claims Act, ORS 30.260-300, for any and all harm or damage to my health in any manner resulting from or arising out of my state volunteer activities.

This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260-300, to defense and indemnification from any demand, claim, suit or action brought against me, or liability I may be subject to, or arising out of my authorized state volunteer activities. In the event that I am injured while performing state volunteer activities, I will notify my agency supervisor and apply for injury coverage benefits.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT  
READ CAREFULLY**

I, \_\_\_\_\_, as parent or legal guardian hereby grant permission for \_\_\_\_\_ to do volunteer work for Oregon State University. In the event of an emergency, accident, or illness, I authorize the agency and its employees to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand, and consent to this agreement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Legal Guardian signature required if volunteer is under age 18 years.)**