**Ohio Northern University**

**Ada Friends Program**





ONU English Chapel

Ada, Ohio 45810

Phone (419) 772-2200

E-mail: adafriends@onu.edu

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

###### ONU ADA FRIENDS MENTOR APPLICATION

**Please answer all questions thoughtfully and entirely with accurate and sincere responses.**

**Answers should be of length sufficient to clearly display the applicant’s thoughts.**

**Return signed and complete to Ada Friends via e-mail or hard-copy by September 16th.**

### PERSONAL INFORMATION

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred name/nickname\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_ Gender: M F

Campus Unit Box # or Off-Campus Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ONU E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Select one: Freshman Sophomore Junior Senior P5

Major(s)/Minor(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have access to a car? YES NO

(If you don't have access, we will take that into consideration when matching you, but this will not affect you becoming an Ada Friend.)

What campus activities do you currently or do you plan on participating in?

My parents are: Please circle all that apply.

Married Divorced Remarried Separated Deceased Other:\_\_\_\_\_\_\_

Please list some of the activities you would be interested in doing with your Ada Friend.

What are your other hobbies and interests?

**CHILD PROFILE**

Please indicate the grade level (K-8th), age, ethnicity, and any additional characteristics that you would like to see in the Little you are matched with. Please feel free to be as specific as you like, but keep in mind that all areas you request may not be able to be filled.

\*\*The more information you give us, the better we will be able to match you with someone you will connect with.

## **HOME ASSESSMENT FORM**

Revised 8/2016

1. Where do you live? (please check) \_\_\_\_\_ Dorm Room \_\_\_\_\_ University Housing

\_\_\_\_\_ Off-Campus Apartment/House \_\_\_\_ w/ Parent(s)

2. What is the condition of the property? \_\_\_\_\_\_ Excellent \_\_\_\_\_ Good

 \_\_\_\_\_\_ Fair \_\_\_\_\_ Poor

3. Who else lives with you? (name & relationship to you) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. If you were to bring an Ada Friend to your home today, is there anything you would want to change to make it more suitable for a child? (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Do you have pets? \_\_\_\_\_\_No \_\_\_\_\_ Yes If so, what are they like around children or guests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Do you keep alcohol in your home? \_\_\_\_\_ No \_\_\_\_\_ Yes If so, where is it stored?

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

7. Do you have weapons in your home? \_\_\_\_\_ No \_\_\_\_\_ Yes If so, where is it stored?

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

8. Do you smoke or anyone in the home smoke? \_\_\_\_\_\_No \_\_\_\_\_ Yes

9. Will you or anyone in the home smoke in front of your Ada Friend? \_\_\_\_\_\_No\_\_\_\_\_ Yes

**AUTOBIOGRAPHICAL SUMMARY**

On this page please tell about yourself. What else should we know about you?
What about you would make you a good ‘Big?’

(This question is most important in finding you a good match. Please answer in as much detail as possible.)

##### CONCENT AND RELEASE FORM

I hereby authorize Ohio Northern University’s Ada Friends Program to investigate my background and determine the accuracy of the information I have provided on this application. I authorize Ada Friends to request information regarding me from law enforcement and other governmental agencies, present and past employers, high schools, colleges and other educational institutions, and other organizations and agencies in which I have been a member or in whose activities I have participated. I release all such employers, organizations and agencies from any liability for cooperating with Ada Friends by releasing the requested information.

Ada Friends staff reserve the right to deny a volunteer application when, in their sole discretion, they believe it is in the best interest of the Ada Friends program to do so.

By signing below (electronically or physically) I agree to the terms and conditions listed on this document and ensure the accuracy of my information.

Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return to the Chapel Staff Office by September 16th, 2016**

If you have any questions, please contact Lauren Brackman or Kara Dilts (adafriends@onu.edu).