



Alumni Program College Transition Plan

Name: _____ Date: _____

Permanent Address: _____

Permanent Phone: _____

Cell Phone: _____

Email: _____

High School & Graduation Year: _____

College Attending & Address: _____

From your point of view what areas do you need help with from Alumni Program:

First Generation

Housing Concerns

College Student

Homesickness

Family Conflict

Stressed/Under Pressure

Financial Concerns

Problems with School

Relationship Problems

Anxious about College Transition/

Low Motivation

Anxiety while in College

Not Fitting into College Environment

Other areas that I need help with:

1. _____

2. _____

3. _____

Hopes and dreams for the future:

1. _____

2. _____

3. _____



Type of contact you request from Alumni Program Coordinator to help you achieve your plan:

Text Email Phone Facebook Face to Face Other_____

How frequently would you like to be contacted?

Monthly Once per Semester Once a Year
Every Three Months Twice a Year Other_____

Communities In Schools offers ongoing crisis intervention counseling and college support to Alumni Program members while pursuing higher education. The program is voluntary and Alumni Program students must give permission for CIS to remain in contact with them once they have graduated from high school.

By signing below I confirm that I wish to continue receiving CIS services as an alumnus.

Yes No

Signature_____ Date:_____

Verbal Permission

Office Use:

College resources that may help you with your concerns:

Progress (if up to date, since last plan):



Alumni Program Consent/Release of Information

As a willing Participant of Communities In Schools Alumni Program, I consent to the following:

All services are provided on an **as-needed basis**.

1. I willingly agree to participate in Alumni Program services which include but are not limited to supportive guidance, college/career counseling/support, therapeutic counseling, educational support, financial aid support, referrals to local college resources, invitations to alumni summer get-togethers, mentoring and speaking engagements.
2. I acknowledge that at the time of signing I am at least 18 years old.
3. I willingly agree to private transportation for the purpose of field trips, rides to orientation, move in/move out transportation, etc.
4. I give permission to routine or emergency medical or dental treatment by any licensed medical doctor to be provided in the event of illness or accident if injured and unable to communicate while participating in Alumni Program activities.
5. I acknowledge that this consent is voluntary and may be revoked at any time by informing CIS staff, in writing, with the exception that prior consent will still apply to the extent indicated.
6. I acknowledge that the release of records under this consent is subject to any limitations placed by federal and state law.
7. I understand that the data and information collected about me is maintained in a secure computer database and case file. This information is used by CIS to document services provided to me for tracking and reporting purposes. I also understand that CIS may use the information to update service information, provide closure and follow-up information, and evaluate and determine the effectiveness of the program. I authorize CIS to maintain the information provided for the purposes noted above in the CIS computer database and case file.
8. I acknowledge that this consent allows release of one year of data. I further acknowledge that if I am away at college and do not have the ability to sign a new consent/release of information, that I can give verbal consent over the phone and/or send an email updating my consent.
9. I acknowledge that the records released may contain references to other persons such as members of my family.
10. I acknowledge that I allow CIS to use my information to check in the National Student Clearinghouse for the purpose of verifying college enrollment for a period not to exceed 7 years after the date consent is signed.
11. I understand that **confidentiality** is a part of non-disclosure/privacy concerning all issues discussed while participating in the Alumni Program and that for the Alumni Coordinator to be allowed to talk with my parents or college I must give consent. The law includes the following **exceptions** to confidentiality: written or verbal threat of suicide or homicide, and suspicion of life-threatening abuse.
12. I willingly agree to receive counseling and support via text, email, phone, Skype, social media (ie. Facebook, Twitter) and face-to-face interactions. I acknowledge and understand that with the use of technology there is a risk to confidentiality and I accept that risk so that I might receive services.

In order to provide ongoing college/career support and therapeutic counseling services it is often necessary to obtain and/or release confidential information from other individuals/colleges or agencies.

The purpose for obtaining/releasing this information is to:

- Provide admissions and financial aid counseling and support.
- Provide ongoing college/career counseling and support.



- Provide disability services support.
- Provide referrals to college resources – food pantry, mental health, tutoring, health clinic, clubs/organizations.
- Ensure continuity of care in counseling services.

CIS may provide and obtain the following information. Please check appropriate boxes:

Obtain	Release	No	Individual/Agency	Specific Dept/Person	Info is Limited as Follows
			College/University		
			Financial Aid/FAFSA		
			Food Pantry		
			Tutoring		
			Physician/Clinic		
			Parent/Guardian		
			MH/MR		
			Counseling Service		
			School District		
			Other:		
			Other:		

Yes No CIS may use photographs, written stories or videos of me for program purposes.

My signature below authorizes CIS to provide the above types of information while participating in Communities In Schools Alumni Program.

I release Communities In Schools and its employees, volunteers, or agents from liability for accidents, injuries, or illnesses that may occur during my participation in the program.

I understand that I am voluntarily participating in CIS Alumni Program.

Participant Full Name: _____

Participant Signature: _____ Birth Date: _____

Campus ID _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone/Cell Number: _____

Emergency Contact: _____ Number: _____

Today's Date: _____

Yes No I am willing to give yearly verbal permission
for the continuation of CIS Alumni Program services.

Office Use: Verbal Permission Given on: _____



Alumni Leader Mentoring Activity Form

All Leader Mentors are required to complete this form on the last day of each month. It must be submitted by email no later than the 7th day of the following month to _____

Month: _____ **Alumni Leader first and last name:** _____

1. Mentee first and last name: _____

1. Mentee first and last name: _____

1. Mentee first and last name: _____

Forms of communication used:

- Face to face
- Phone call
- Text
- Email
- Facebook/Other Social Media
- Skype/Oovoo
- No contact
- Other: _____

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- Skype/Oovoo
- No contact
- Other: _____

How often did you communicate this month?

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Issues worked on during interaction:

- Building the mentoring relationships
- Help with college resources
- Goal setting
- Homesickness
- Relationship building with professor or staff
- Professor expectations or issues
- Grades
- Tutoring
- Time management
- Study skills
- Personal issues
- Other: _____

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- Other: _____

Goals for next meeting:

Goals for next meeting:

Goals for next meeting:

Comments/Concerns:

Comments/Concerns:

Comments/Concerns:

Signature _____

Date: _____

Office Use: Date Received: _____



Alumni Association Agreement

The Communities In Schools Alumni Association is formed to support the combined efforts of all of the alumni who graduate from high school after having been involved with Communities In Schools during public school. The Alumni Association will include membership of any person who chooses to join and who agrees to abide by the core leadership and character values of the program. Membership is voluntary and is also prestigious. The Alumni Association will always promote the mission of CIS at forefront of its work: *“The mission of Communities In Schools is to surround students with a community of support, empowering them to stay in school and achieve in life.”*

I understand that by signing this agreement, I hereby agree to the following rules set out by the membership:

- I agree to adhere to the guiding beliefs and values of Communities In Schools.
- I agree to pay annual dues in the amount of my ability – from \$1 to \$1 million.
- I understand that dues paid to the Alumni Association will be used for other CIS graduates who need assistance to achieve their goals.
- I agree to wear my Communities In Schools Alumni Association shirt with pride and to always be ready to share with others the benefit of services provided by CIS.
- When wearing my CIS Alumni Association shirt I will always be aware of my own behavior since I am representing Communities In Schools and never want to tarnish that reputation.
- I agree to log a minimum of 6 hours per semester of volunteer services to CIS or other direct services to at-risk youth in schools or programs in my community.
- I agree to participate in CIS activities if I am available during Christmas holidays or during the summer
- When given the opportunity, I will always give back to others.
- I will remember to never “scratch like chickens, but instead soar with eagles.”
- I understand that if I choose not to follow these rules, that I may lose my right to remain a part of the CIS Alumni Association. Standards must be maintained.

By joining the Alumni Association, I agree to these rules and look forward to participation and leading others who come after me.

Member Name: _____

Signature _____ Date: _____



Alumni Request for Financial Assistance

Date: _____

Applicant's Name: _____

Address: _____ City/State: _____ Zip: _____

Cell Phone: _____ Email: _____

High School: _____ College Attending: _____

Requests for assistance over \$100 must be approved by the Executive Director and Alumni Program coordinator.

Please briefly explain why you are requesting assistance:

Financial Assistance Information

Amount Needed \$ _____ Amount You Can Pay Towards Need \$ _____

Current Grants/Scholarships/Loans You are Receiving	Amount

It is the expectation of Communities In Schools that you will be employed a minimum of 15 hours a week in an effort to help pay for your future college expenses. Alumni requesting assistance more than once must show proof of employment.

Employer: _____ Hours Worked per Week: _____

Employer: _____ Hours Worked per Week: _____

If currently unemployed what efforts are you making in finding a job?



I understand that by signing this agreement, I hereby agree to the following rules:

1. After each semester, I must maintain a cumulative 2.0 GPA or meet my university's Satisfactory Academic Progress.
2. I must be enrolled in at least 6 hours.
3. I must complete a Free Application for Federal Student Aid (FAFSA) by visiting <https://fafsa.ed.gov> - if one has already been completed for this school year, another does not need to be submitted.
4. Along with the Request for Assistance form I must submit an official college transcript to the Coordinator by email, mail, or fax. First semester college students should submit a copy of your schedule.
5. I agree to resubmit an unofficial copy of my transcript once the semester that I am requesting aid for has finished.
6. I understand that in order to receive financial assistance I must be actively participating in CIS Alumni activities which include social media contact, emails, texts and phone calls. If I am on a campus with an alumni mentor, I must be participating in the activities they are planning. I must also be regularly attending CIS Alumni Get-Togethers if distance from my college allows.
7. I understand in the semester preceding my need I must have kept in contact with my Alumni Coordinator and have responded to emails, texts, and phone calls.
8. I agree to log a minimum of 6 hours this semester as a volunteer for a CIS program or other direct services to at-risk youth in schools or programs in my community.
9. I understand that I am responsible for my own personal success and that I must adhere to the academic and conduct policies of my university.

Alumni who are ineligible for CIS financial assistance because they are not meeting our minimum standards but feel they have experienced unique, extenuating circumstances, may become eligible by submitting an additional letter outlining their need and the steps they are taking to achieve a marketable skill if not in pursuit of a college degree or certification.

By signing this form, I agree to the terms above and understand that a decision will not be made until all documents are submitted. I further understand that request for assistance does not guarantee aid.

Alumni Signature _____ Date _____

Alumni Coordinator Signature _____ Date _____

Executive Director Signature _____ Date _____