

Eagle Access Mentor Application

Name _____

Email _____

Phone _____

Degree Program at DSCC _____

Experience working with Special Needs Individuals (if any):

Professor/Staff at DSCC that knows about your character and would provide a reference:

Have you ever been convicted of a crime? _____

Please attach Class Schedule (can submit when you have it if not available at this time).

After submission, Nikki Erickson – Program Director, will email or call you to set up an appointment to meet and discuss the program. A short training program will be required at the beginning of the semester.