



Application for Prospective Mentors

Today's Date: _____

Personal Information

Full Name: _____

DOB: _____

Address:

Street: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email #: _____

Gender Identity:

Female Transgender Female Transgender Male Gender Variant/Non-Conforming

Preferred Pronouns:

He/Him She/Her They/Them Other _____

Race/ethnicity:

African-American Caucasian Hispanic/Latin Asian Hawaiian/Pacific Islander

Native American/Alaskan Native Biracial/Multiracial Other: _____

Is the address above also your home address? Yes No

What is your preferred method of communication? Phone Email Text

Do you have a valid driver's license? Yes No Driver's License #: _____

What is your primary mode of transportation? _____

Do you have non- adult children? Yes No

If so, do they live with you? Yes No

Are you a veteran? Yes No

Is English your first language? Yes No Other languages spoken? _____

Please list your place of employment:

| Dates of Employment | Position | Company |
|---------------------|----------|---------|
| | | |
| | | |

Disclaimer

The information on this form will be used as a resource to match you with the most appropriate mentee for your needs and interests. Some information you provide may be shared with a potential mentee.



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Please list current and past participation in community activities:

| Dates | Organization | Activities |
|-------|--------------|------------|
| | | |
| | | |

Do you have any of the following? (please describe)

- Prior arrests? Yes No _____
- Prior convictions? Yes No _____
- Currently on supervision? Yes No _____
- Know anyone arrested? Yes No _____

Have you ever been arrested, convicted and/or sentenced for a felony? Yes No

If yes, please describe your conviction/s, including dates, and answer the questions below.

What was your most recent release date? _____

Were you ever a client at Center for Women in Transition? Yes No

Are you still on parole or probation? Yes No

If Yes, Probation/Parole Officer:

Name: _____ Phone: _____

Are you allowed to interact with others on probation/parole? Yes No

Have you had any probation or parole violations in the last two years? Yes No

If yes, please explain below:

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What are some of the problems that you (if applicable) or others might experience that lead to incarceration?

What are some of the problems you have (if applicable) or others might experience after incarceration?

Are you familiar with addictive behaviors (substance use or other addictions)? Yes No

Do you have a history of alcohol or substance misuse? Yes No

Have you ever sought treatment/counseling for drugs and/or alcohol abuse? Yes No

If yes, please briefly describe your history of use.

How long have you been clean and sober? _____

Are you currently in treatment? Yes No If yes, where? _____

Do you attend recovery support groups? Yes No If yes, where? _____

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Please answer the following questions with as much detail as possible. Please print.

What qualities, skills, or other life experiences do you feel would be helpful in working with a woman coming out of incarceration?

How would you describe yourself as a person?

Why do you want to be a mentor for a woman coming out of incarceration?

Did you ever have anyone in your life you would call a mentor? If so, please describe this person.

Do you prefer to have a mentee with a specific type of criminal history, or is there a criminal history you do not feel comfortable working with?

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Please list any other preferences you may have in a mentee, i.e. a particular religion, age range, ethnicity, hobbies, hours of availability, etc.

How do you spend your recreational time? What are your hobbies and interests?

What sort of activities do you hope to do with your mentee? (i.e. play basketball, hiking, cooking)

Please rate your personal interest in each activity 1 through 5, 1 is no interest, 5 is greatest interest:

- | | |
|--|---|
| <input type="checkbox"/> Eat dinner at a restaurant | <input type="checkbox"/> See a play or movie |
| <input type="checkbox"/> Go hiking | <input type="checkbox"/> Take an art class |
| <input type="checkbox"/> Go bike riding | <input type="checkbox"/> Attend Recovery Meetings |
| <input type="checkbox"/> Take an exercise class/visit a gym | <input type="checkbox"/> Cook meals together |
| <input type="checkbox"/> Go kayaking, rafting or canoeing | <input type="checkbox"/> Go on a scenic drive |
| <input type="checkbox"/> Volunteer at an animal shelter | <input type="checkbox"/> Go antique shopping |
| <input type="checkbox"/> Run a 5K, half marathon, or marathon | <input type="checkbox"/> Play sports |
| <input type="checkbox"/> Attend local festivals and events | <input type="checkbox"/> Go fishing |
| <input type="checkbox"/> Do a woodworking or building project | <input type="checkbox"/> Go bowling or shoot pool |
| <input type="checkbox"/> Craft, like quilting or scrapbooking | <input type="checkbox"/> Talk over coffee |
| <input type="checkbox"/> Go roller or ice skating | <input type="checkbox"/> Play board games |
| <input type="checkbox"/> Visit an art, history, or cultural museum | <input type="checkbox"/> Learn an instrument |
| <input type="checkbox"/> Work with someone on parenting skills | <input type="checkbox"/> See live music |
| <input type="checkbox"/> Attend poetry or book readings | <input type="checkbox"/> Trying new hobbies |

Talk over

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Please list any additional activities, or provide specific details about any of the activities above that you are interested in:

Can you commit to being a mentor for one year from the time you are matched? Yes No

Are you available to phone and meet your mentee for a minimum of 2-4 hours the first month of your match? Yes No

Yes No

Are you available to phone and meet your mentee for a minimum of 2- 4 hours the remaining 10-11 months of your match?

Are you willing to provide monthly information regarding your mentoring activities to program staff and receive feedback regarding any difficulties during your participation in the mentoring program? Yes No

Are you willing to attend an initial 5-hour training session? Yes No

Are you willing to attend monthly Saturday gatherings, when available? Yes No

Are you willing to attend at least two mentor roundtable sessions per year? Yes No

If you have friends/acquaintances who would make good mentors for women coming out of incarceration, please include their names and contact information below:

| Name | Phone Number | Email Address |
|------|--------------|---------------|
| | | |
| | | |
| | | |

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Many religious congregations have outreach programs which help persons in need. If you are a member of such a church and would recommend that we contact that church, please provide contact information below:

Name of Church: _____
Street: _____
City: _____ State: _____ Zip: _____
Pastor's Name: _____ Phone: _____

MENTORSHIP PROGRAM AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, hereby authorize a release of all said records concerning myself to any duly authorized agent(s) of Center for Women in Transition, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of information concerning my qualifications as a volunteer from any person or agency to include: Department of Motor Vehicles; Probation and Parole; County, State or Federal Law Enforcement Agencies; and the references listed within this application.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability as a mentor. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Center for Women in Transition from any and all liability which may be incurred as a result of collecting such information.

I have read and fully understand the contents of the "Authorization for Release of Personal Information" and further understand that my consent is valid for the duration of my time as a volunteer with the CWIT Mentorship Program.

Printed Name: _____

Signature: _____ Date: ____ / ____ / ____

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