

CENTER FOR WOMEN IN TRANSITION

7525 S. Broadway
St. Louis, MO 63111

Application for Prospective Mentors

Personal Information:

Name _____

Phone: (home) _____ (work) _____

Email: (home) _____ (work) _____

Address: _____

Employer: _____

Employer Address: _____

Dates of Employment: _____ to _____

Position Held: _____

Educational Background: _____

Community Involvement (Briefly describe current and past participation in community activities):

Availability:

Days: _____ Times: _____

Limitations: _____

Comments: _____

Personal Experience

Have you ever been arrested? Yes _____ No _____

Did this arrest end in conviction? Yes _____ No _____

Do you know anyone who has been arrested? Yes _____ No _____

If yes, what do you think some of the problems might have been prior to his/her arrest?

What do you think some of his/her problems might be following release from jail/prison?

Are you familiar with addictive behaviors (substance abuse or other addictions)? _____

What qualities, skills or other life experiences do you feel will be helpful in working with a woman coming out of jail/prison?

How would you describe yourself as a person? _____

Why do you want to be a mentor for a woman coming out of jail/prison?

Can you commit to participate in our mentoring program for one year from the time you are matched? _____

Are you available to phone and meet with your mentee for a minimum of 8 hours the first month and 4 hours the remaining 10-11 months? _____

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? _____

Are you willing to attend an initial training session, monthly Saturday gatherings when available, and at least two mentor roundtable sessions per year? _____

Questions/Concerns/Comments

Please use this space (continue on back of page if necessary) to identify any questions or concerns you have about the Center for Women in Transition or about being a mentor for a woman coming out of jail/prison.

Referrals

If you have friends/acquaintances that would make good Mentors for women coming out of jail/prison, please include their names and phone numbers and we will contact them.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Many religious congregations (Churches, etc.) 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 to recruit members to be mentors, please give the name, address of the church, and the name and phone number of the pastor.

Name of Church: _____

Address of Church:

Pastor's Name: _____ Phone: _____

Agreement

In view of your commitment to enter into a one-on-one mentoring partnership it is sometimes necessary to perform background checks for the protection of both mentor and mentee. Therefore, please complete the following release consent:

I, _____, authorize the Center for Women in Transition to have access to necessary information if an arrest/conviction file is found in my name.

Signed: _____

Date: _____

AKA _____

Date of Birth: _____