
OLD PUEBLO COMMUNITY SERVICES MENTORING EMPOWERMENT PROGRAM
& Pima County Prisoner Re-Entry Partnership (PREP)

VOLUNTEER MENTOR APPLICATION

Personal Information

Date: _____

Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone # _____ Work Phone# _____

Date of Birth: _____ Gender: Male Female E-mail _____

Do you have a valid AZ Driver's License? _____ Driver's License No. _____ State: _____
(Drivers must have valid proof of insurance for liability purposes.)

Are you currently under a physician's care or taking any medications? Yes No

If yes, explain:

Are you now or have you ever been on any kind of supervision? Yes No

If yes, please explain and let us know who your P.O is:

Are you a veteran? Yes No Branch: _____ Rank: _____

Do you have any special skills, training or certified training in which you could train and/or certify others?

If yes, would you be willing to offer training to others? _____

Employment History

Please provide employment information for the past year, with most recent position held first. If more space is needed, use back of application. If attending school/vocational program, unemployed or retired, please note below.

Employer: _____ **Position Held:** _____

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

Phone: _____ Dates of Employment: _____ to _____ (m/year)

Employer: _____ **Position Held:** _____

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

Phone: _____ Dates of Employment: _____ to _____ (m/year)

APPLICATION QUESTIONS

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

Why do you want to be a mentor? _____

Do you have any previous experience volunteering or working with a previously incarcerated person? If so, please specify. _____

Have you ever been arrested? If so, when and for what? _____

Have you ever received treatment for alcohol or substance abuse? If yes, please explain. _____

Are you currently using any illegal drugs or controlled substances? _____

Please read this carefully before signing:

Old Pueblo Community Services Mentoring Program appreciates your interest in becoming a mentor. Please initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I agree to allow Old Pueblo Community Services Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license and proof of auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions, including participating in the Old Pueblo Community Services Mentoring Empowerment Program from the time you are matched with a participant until the mentee is finished with PREP, meeting with a mentee four hours per month and having contact at least once a week, willing to communicate regularly and openly with program staff and provide monthly information about your mentoring activities. Further, I agree to attend an initial mentor training session and one in-service training session during the participation period.

Signature

Date

RELEASE OF INFORMATION

I, _____, understand it will be necessary for Old Pueblo Community Services Mentoring Empowerment Program to contact personal references.

I authorize Old Pueblo Community Services (OPCS) to obtain any personal references for the purposes of participating in the Mentoring Empowerment Program. Further, I understand that information about me will be anonymously (without my name) shared with a prospective mentee(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and contact information may be shared with the mentee to ensure and aid in facilitating a safe and successful match partnership.

Signature

Date

Please return or mail this application and the items listed above and below to:
Old Pueblo Community Services Mentoring Program
4501 E. 5th Street, Tucson, Arizona 85711
Fax: (520) 546-0098

For more information contact:

Lindsey Feldman – Mentor Associate @ (520) 445-7074

Kathleen Roman – Mentor Associate @ (520) 445-7069

Email - lindseyfeldman@helptucson.org, kathleenroman@helptucson.org

Website - www.helptucson.org

MENTOR INTEREST SURVEY

Name: _____ Date: _____

Please complete all the following. This survey will help Old Pueblo Community Services Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentee? Please check all that apply.

Weekdays: ___ Lunchtime: ___ After work: ___ Evenings: ___ Weekends: ___ Other: _____

Please indicate age group(s) and/or you are interested in working with:

Age: __18-25 __26-39 __40 and over Any age _____ Ethnicity: _____

Do you speak any languages other than English? If so, which languages? _____

Would you be willing to work with an individual who has disabilities? If so, please circle disabilities you would be willing to work with. Physical Mental Substance abuse Other _____

What are some favorite things you like to do with other people? _____

What are your favorite subjects to read about? _____

What is your job and how did you choose this field? _____

What is one goal you have set for the future? _____

If you could learn something new, what would it be? _____

Describe your ideal Saturday. _____

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List other areas of strong interest: _____

VOLUNTEER MENTOR JOB DESCRIPTION

Updated 1/06/2010

The Old Pueblo Community Services Mentoring Empowerment Program and PREP helps to empower individuals in our community to make positive life choices that enable them to maximize their potential. The mentoring program uses volunteer mentors to commit to supporting, guiding, and being a friend to previously incarcerated mentees/participants for a period of at least six months. By becoming part of the social network of community members who care about these individuals, the mentor can help these members develop and reach positive academic, career, and personal goals.

Volunteer Mentor Role

- Support an individual through an ongoing, one-to-one or group mentoring relationship.
- Serve as a positive role model and friend.
- Build the relationship by planning and participating in activities together.
- Strive for mutual respect.
- Build self-esteem and motivation.
- Help set goals and work toward accomplishing them.

Time Commitment

- Make a commitment to mentee as long as they are in PREP.
- A minimum of four contacts per month one-to-one or in a group setting with a mentee.
- Communicate with the mentee weekly.
- Attend optional mentor/mentee group events, and program recognition events.

Participation Requirements

- Be at least 21 years old.
- Reside in the Tucson metropolitan/Pima County area.
- Be interested in working with previously incarcerated individuals.
- Be willing to adhere to all program policies and procedures.
- Be willing to complete the application and interview process.
- Be dependable and consistent in meeting the time commitments.
- Attend mentor training sessions as prescribed.
- Be willing to communicate regularly with program staff, submit activity information, and take constructive feedback regarding mentoring activities.
- Have access to an automobile, auto insurance, and a good driving record or reliable transportation (exceptions, case by case).
- Not use illicit drugs.
- Not use alcohol or controlled substances in an excessive or inappropriate manner.
- If a substance abuse problem has occurred in the past, the applicant must have completed a non-addictive period of at least one year.

Desirable Qualities

- Willing listener.
- Encouraging and supportive.
- Patient and flexible.
- Tolerant and respectful of individual differences.

Application and Interview Process

- Written application.
- Personal interview.
- Provide two personal references.

Benefits to Mentee

- Personal fulfillment and personal growth.
- Explore community resources and connections.
- Network with community mentors.
- Enhance quality of life and empower yourself.
- Personal ongoing support and sounding board to help the match succeed.
- Mentee/mentor group activities and participant recognition events.
- Re-integration into the community.

Benefits to Mentor

- Personal fulfillment through contribution to the community and individual.
- Satisfaction in helping someone mature, progress, and achieve goals.
- Training sessions and group activities.
- Participation in a mentor support group.
- Mileage and expenses are tax deductible.
- Personal ongoing support, supervision to help the match succeed.
- Mentee/mentor group activities and participant recognition events.

For more information, contact:

Old Pueblo Community Services:

4501 E. 5th Street, Tucson, Arizona 85711

Lindsey Feldman, Mentor Associate @ (520) 445-7074

Kathleen Roman, Mentor Associate @ (520) 445-7069

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