
OLD PUEBLO COMMUNITY SERVICES

One Step At a Time Mentoring Program

VOLUNTEER MENTOR APPLICATION

Personal Information

Name: _____ SS Number: _____ Enrollment Date: _____

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

Home Phone # _____ Work Phone# _____ Cell Phone#: _____

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

Do you have a valid AZ Driver's License? YES NO Driver's License No. _____ State: _____

Are you willing to provide our agency proof of a clean driving record? YES NO
(Drivers must have valid proof of insurance for liability purposes.)

Are you a veteran? YES NO Branch: _____ Rank: _____

Active Duty/War Zone (if applies): _____

Are you currently under a physician's care or taking any medications? YES NO

If yes, explain: _____

Are you willing to visit a mentee/inmate in prison? YES NO

Are you willing to undergo a background check by the Arizona Department of Corrections? YES NO

Are you currently on any individual's visitation list in the AZ Department of Correction? YES NO

If so, person's name and relationship to you: _____

What is your religious preference? _____

Are you willing to work with a mentee of a different religious preference? YES NO

If no, please explain preference: _____

What is your Race/Ethnicity? _____

Are you willing to work with a mentee of a different Race/Ethnicity? YES NO

If no, please explain: _____

Legal Information

Have you ever been convicted of a crime? YES NO

Have you ever been in prison before? If yes please explain when, where, and what yard:

Are you now or have you ever been under any kind of supervision? YES NO

If so, what kind? _____

Employment History

Please provide employment information. 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 _____ (month/day/year)

Employer: _____ **Position Held:** _____

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

Phone: _____ **Dates of Employment:** _____ to _____ (month/day/year)

Employer: _____ **Position Held:** _____

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

Phone: _____ **Dates of Employment:** _____ to _____ (month/day/year)

Education/Vocational History

What is the last year you attended? _____ Last Grade Completed: _____ GED? ___ Y ___ N

Vocational School: ___ Y ___ N Degree/Certificate: ___ Y ___ N If yes, explain: _____

Other education/vocational information you would like to share:

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

Why are you interested in this mentoring program?

Have you volunteered as a mentor with Old Pueblo Community Services before? YES NO

If so, what dates? _____

Number of mentees: _____

Do you have any previous experience volunteering or working with an incarcerated person? YES NO

If so, please specify:

Have you been involved with mentoring through other agencies/organizations in the past? YES NO

If yes, please briefly explain:

Are you or have you ever received treatment for alcohol or substance abuse? YES NO

If yes, please explain:

Are you currently using any illegal drugs or controlled substances? YES NO

If yes, please explain:

Are you willing to attend a 16-hour training session to become a mentor? YES NO

Please list any areas in which you have special skills, training or certification:

Would you be willing to offer training/certification in these areas to others? YES NO

OLD PUEBLO COMMUNITY SERVICES

One Step At a Time (OSAT) Mentoring Program

MENTOR INTEREST SURVEY

Name: _____

Date: _____

Are you willing to write to your mentee while he/she is still in prison? YES NO

What are the most convenient times for you to meet with your mentee after he/she is released from prison?

Check all that apply: Weekdays: ___ Lunchtime: ___ After work: ___ Evenings: ___
Weekends: ___ Other: _____

Please indicate age group(s) you are interested in working with: ___ (18-25) ___ (26-39) ___ (40+) ___ Any age

Do you speak any languages other than English? YES NO If so, which languages? _____

Are you involved in recovery, such as going to AA, NA, CA, etc? YES NO If so, please explain:

Would you prefer to be matched with someone who is in involved in recovery? YES NO No Preference

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 of your favorite things to do with other people? _____

What are your favorite subjects to read about? _____

Describe your work experience (current and past) _____

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:

Table with 6 columns and 5 rows of activity categories: Art, Camping, Science, Cooking, Library, Hiking, Boating, Music, Sports, Yoga, Golf, Swimming, Gardening, Parks, Movies, Fishing, Animals, Eating, Board Games, Shopping, Biking, Religious/Spiritual Activities, Recovery/Group Support.

Other areas of strong interest: _____

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One Step At a Time Mentoring Program

PROGRAM GUIDELINES

Please review the following carefully before signing:

Old Pueblo Community Services Mentoring Program appreciates your interest in becoming a mentor. Please initial to indicate your agreement with 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
- Mentor 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 OSAT, 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

One Step At a Time Mentoring Program

PERSONAL REFERENCES

Please list the names, addresses, and phone numbers of two people you would like to use as character references (include only people you have known for at least a year).

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

Additional Comments: _____

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CONSENT TO RELEASE OF INFORMATION

I, _____ (print name), understand that it will be necessary for Old Pueblo Community Services OSAT Mentoring Program to contact personal references.

I authorize Old Pueblo Community Services (OPCS) to obtain any personal references for the purposes of participating in the OSAT Mentoring 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 drop off, mail, or email this application and the items listed above and below to:

Old Pueblo Community Services OSAT Mentoring Program

Address: 4501 E. 5th Street, Tucson, Arizona 85711
Fax: (520) 546-0098
Website: www.helptucson.org

For more information contact:

Kathleen Roman, Mentoring Associate:

Phone: (520) 445-7069
Email: kathleenroman@helptucson.org

Marie Kessler, Mentoring Associate:

Phone: (520) 445-7074
Email: mkessler@helptucson.org