



CAMP MARIPOSA®

2016 MENTOR APPLICATION PACKET



MENTOR APPLICATION

Thank you for your interest in the Camp Mariposa program! Camp Mariposa is a mentoring and support program for youth ages 9-12 who have been impacted by the substance abuse of a family member.

Camp Mariposa is a yearlong program with weekend camps held every other month. In addition, there are activities for the youth in the months in between the camp sessions. Camp Mariposa follows a group and peer mentoring model, meaning that all activities are held with other youth and mentors present at all times. All youth as well as mentors make a one-year commitment to participate in the Camp Mariposa program. We ask that all mentors commit to attending between four and six weekends over the course of the year as well as majority of the other program activities during the year.

APPLICANT PREREQUISITES

- The applicant MUST be 18 years of age or older.
- The applicant MUST make a one-year commitment to attend at least four weekends over the course of the year as well as majority of the other program activities
- The applicant MUST pass a criminal background check

APPLICATION PROCESS

- Submit an application
- Complete Screening and Criminal Background Check
- Provide at least two references and participate in a phone/in-person interview
- Attend and participate in a 3 hour training prior to attending your first camp weekend

Please check each box to acknowledge that you have read and understand the commitment to become a mentor.

I understand that Camp Mariposa program follows a group and peer-based mentoring model.

I understand and meet the applicant prerequisite requirements.

I understand that I must complete the application and screening process for consideration to be a mentor.

Applicant Information

Last Name: _____ First: _____ MI: _____

Nickname (if any) _____

Gender: _____ Date of Birth: _____

Street Address: _____ Apartment/Unit #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Preferred Method of Contact? _____

Race/Ethnicity

- | | | | |
|------------------|------------------|--------------|-----------------|
| African-American | Asian | Caucasian | Hispanic/Latino |
| Native American | Pacific Islander | Multi-Racial | Other |

Are you employed? Full-time Part-Time Retired
If employed, what company do you work for and what is your title?

Are you currently enrolled in school? Yes No
If in school, where you attend and what is your major?

What languages (besides English) do you know? _____

Highest Level of education you have completed: _____

Camp Mariposa Location: _____

How did you hear about the Camp Mariposa Program?

Briefly, why do you want to be a mentor with the Camp Mariposa Program?

Are there any conflicts or constraints that might make it challenging for you to participate in the program?

Do you have any previous experience with youth who are at risk? Yes No

If yes, please provide a brief description of your experience.

Do you have any personal or professional experience working with adults/youth/families impacted by substance abuse or addiction?

Any special skills we should know about?

Have you ever been convicted of a crime? Yes No

If yes, please explain below:

Have you ever been interviewed by Child Protective Services (CPS)? Yes No

If yes, please explain below:

I hereby certify that the information given on this form is factual and complete. I give my permission for any necessary verification. I release from liability any person and/or this organization giving, receiving, or utilizing any such information in making decisions regarding my application to volunteer.

Signature

Date

References

Camp Mariposa requires at least two references for all mentors. One of the references must be a professional reference. Please feel free to provide any additional references to help us ensure the completion your application in a timely manner.

Name of Applicant: _____

Name of Reference: _____

Relationship to the applicant? _____ Years Known? _____

Telephone Number: _____ E-mail address: _____

Address: _____

Preferred method and time to contact? _____

Name of Reference: _____

Relationship to the applicant? _____ Years Known? _____

Telephone Number: _____ E-mail address: _____

Address: _____

Preferred method and time to contact? _____

Name of Reference: _____

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