

THE ARC MENTOR CONNECTION-MENTOR APPLICATION

The mentor application is used in the matching process, so please be as thorough and honest as possible. Your application for The Arc Mentor Connection Program will be kept in the strictest confidence. The application will assist staff in making the best possible match with someone who shares your interests.

CONTACT INFORMATION

Name: _____ Age: _____ Gender (circle one) Male Female

Address: _____

Home # _____ Cell # _____ Best time to contact _____

Email: _____

GENERAL INFORMATION

A time commitment of a minimum of four (4) hours per month for one (1) year is required of all individuals who want to participate in the mentor program.

Are you able to fulfill the time commitments of the program? Yes or No

How long have you lived in this area? _____

Do you expect to remain here for at least another year? _____

BACKGROUND INFORMATION

The Arc does thorough background checks and reference checks on all potential volunteers:

Do you have a valid driver's license? Yes or No

Do you have current auto insurance? Yes or No

Have you ever been convicted of a felony? Yes or No

If yes, please explain _____

Have you ever had a founded case of child or dependent adult abuse? Yes or No

If yes, please explain _____

GETTING TO KNOW YOU

How did you learn about The Mentor Connection? _____

Why do you want to be a mentor? _____

What is your present occupation? _____

Do you have any current or previous volunteer experience? Yes or No

If yes, please briefly describe your experience: _____

Do you have any experience working with people with disabilities? Yes or No

If yes, please briefly describe your experience: _____

To help us determine your experience and/or comfort level, please answer the following questions:

Working w/individuals who:	No experience	Some experience	No experience, but would be comfortable
Have behaviors			
Are nonverbal			
Use sign language			
Utilize a wheelchair			
Require lifting			
Are very physically active			
Have mild to moderate disabilities			
Have severe/profound disabilities			
Require assistance with eating and/or drinking			
Have seizures			

What age range do you prefer your mentee to be? _____

Do you have a preference concerning the gender of your mentee? _____

Name any special skills, hobbies, and/or interests that you may have: _____

Name any activities, clubs, sport teams, or leagues in which you participate: _____

Please describe your personality (i.e. funny, quiet): _____

PHOTO RELEASE

I understand that by signing this application, I hereby consent to the use of my name, likeness and speech in audiotape, videotape, film, photograph, electronic transmission or display made by The Arc of East Central Iowa for publicity purposes. The undersigned hereby agrees also to hold The Arc of East Central Iowa harmless of liability should such pictures, photographs or videos either accompanied or unaccompanied by printed material, appear in other publications by whomsoever published, circulated or distributed. I have read the above release, understand it and agree to be bound by it. No employee or agent of The Arc of East Central Iowa has authority to modify or waive this release.

TIME COMMITMENT

I understand that to be a mentor in The Arc Mentor Connection program I must commit to a minimum of four hours per month. I will arrange to meet in person with my match a minimum of once per month and agree to have weekly contact (phone calls, emails, letters). I understand the importance of my committing to this program and intend to be in a mentoring relationship with my mentee for a minimum of one year.

I certify that the above responses are true to the best of my knowledge.

Signature

Date

OPTIONAL INFORMATION

Please list the names and contact information for people you think would be interested in being a mentor for The Arc Mentor Connection:

- 1. _____
- 2. _____
- 3. _____

PLEASE RETURN THIS APPLICATION TO:

The Arc of East Central Iowa
Citizen Advocacy Coordinator
680 2nd St SE, Suite 200
Cedar Rapids, IA 52401

Office Use Only
Application Received: _____
Interview Date: _____
Match Date: _____
Match: _____