

# Peer Mentor Application

Date: \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (Work) \_\_\_\_\_  
(Cell) \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_

Disability \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Days/Times Available to mentor:

Mon. \_\_\_\_\_ Tue. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_ Evenings \_\_\_\_\_

Hours Per Week: \_\_\_\_\_

Will work with (check all that applies):

Men \_\_\_\_\_ Women \_\_\_\_\_ Youth \_\_\_\_\_ Seniors \_\_\_\_\_

## Areas of discomfort:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Means of Transportation:**

Private \_\_\_\_\_ Public \_\_\_\_\_

**Will travel to (list all cities and/or areas):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been convicted of a felony or misdemeanor, including sex-related or child abuse related offenses?**

Yes \_\_\_\_\_ No \_\_\_\_\_

- If yes, please describe the charges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you on probation?**

Yes \_\_\_\_\_ No \_\_\_\_\_

- If on probation, may we have permission to contact your probation officer?  
Yes \_\_\_\_\_ No \_\_\_\_\_

- Name of probation officer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_

**What areas would you like to mentor in? (Check all that apply)**

Education \_\_\_\_\_ Employment \_\_\_\_\_ Transportation \_\_\_\_\_  
 Budgeting \_\_\_\_\_ Housing \_\_\_\_\_ Transition \_\_\_\_\_  
 Home Management \_\_\_\_\_ Self-Advocacy \_\_\_\_\_ Computer \_\_\_\_\_  
 Social/Recreation \_\_\_\_\_ Self Esteem \_\_\_\_\_ Mobility/ Visual \_\_\_\_\_  
 Mobility/ Wheelchair \_\_\_\_\_ Other \_\_\_\_\_

**Professional Experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Experience w/persons with disabilities:**

---

---

---

---

**What do you feel that you can personally gain from being a mentor at CILNCP?**

---

---

---

---

**What do you believe you offer as a mentor?**

---

---

---

---

**What does independent living mean to you?**

---

---

---

---

**Are you interested in giving presentations?** Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, on what topics?

---

---

**Are you interested in participating in advocacy?** Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, on what topics?

---

---

**Please list previous volunteer jobs, dates, supervisor, phone # and what you enjoyed most/least about each experience:**

Agency \_\_\_\_\_

Dates Worked \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency \_\_\_\_\_

Dates Worked \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby state the above information is correct to the best of my knowledge and authorize investigation and verification of all statements contained in this application.

I understand that misrepresentation or omission of facts may render me ineligible for consideration.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_