



Peer Mentoring Program - Mentor Application

Personal Information

Please provide your personal information below.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____ Work phone: (____) _____

Date of Birth: ____/____/____ Age: _____ Gender: Male Female

Soc Sec #: _____ Email: _____

Application Questions

Please answer each of the following questions as completely as possible. If you require additional space, please use an extra sheet of paper.

1. How did you hear about the Peer Mentoring Program?
2. Why do you want to participate in the Peer Mentoring Program? Please describe your expectations.
3. Are you available to meet with a mentee for about four hours each month? Please explain any particular scheduling issues you might have.
Yes No
4. Are you available to attend monthly peer mentor training sessions?
Yes No

5. Do you have any previous experience mentoring people with disabilities?
Please describe.

6. What qualities, skills, or other attributes do you have that would benefit a person with a disability looking for community employment?

7. Are you willing to communicate regularly and openly with program staff, provide monthly feedback regarding your mentoring activities, and are you open to receive constructive feedback regarding any difficulties that may arise during your participation in the mentoring program?

8. Would you be able or willing to allow your mentee to job shadow you at work for a brief period of time?

9. Do you have any additional comments or questions you would like answered at your initial interview?

Mentor Employment History

Please list your work history for the past five years, beginning with your most recent experience first. If you require additional space, please use an extra sheet of paper.

1. Employer: _____ Position Held: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Supervisor's Name: _____ Title: _____
Phone Number: (____) _____ Dates of Employment: _____ to _____

2. Employer: _____ Position Held: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Supervisor's Name: _____ Title: _____
Phone Number: (____) _____ Dates of Employment: _____ to _____

3. Employer: _____ Position Held: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Supervisor's Name: _____ Title: _____
Phone Number: (____) _____ Dates of Employment: _____ to _____

4. Employer: _____ Position Held: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Supervisor's Name: _____ Title: _____
Phone Number: (____) _____ Dates of Employment: _____ to _____

Mentor Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information that Access to Independence of Cortland County, Inc. Peer Mentoring Program gathers from these references is confidential and will not be shared with anyone.

1. Personal Reference #1 - Relative

Name: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ How long known: _____

2. Personal Reference #2

Name: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ How long known: _____

3. Personal Reference #3

Name: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ How long known: _____

Consent to Release Information

I, _____, authorize Access to Independence of Cortland County, Inc. to obtain or release information regarding my character from the following personal references (list each personal reference name):

(1) _____

(2) _____

(3) _____

Furthermore, I _____, authorize Access to Independence of Cortland County, Inc. to obtain or release information regarding my prior work experience at the following companies (list each company):

(1) _____

(2) _____

(3) _____

(4) _____

Signature

Date

Full Name

~~~~~  
Staff Only - Interview Notes:

**Please read this carefully before signing:**

Access to Independence of Cortland County, Inc. appreciates your interest in participating in the Peer Mentoring Program as a mentor.

After receiving this completed application from you, we will evaluate the information and contact you to schedule an enrollment meeting.

Much of the information you supply in this application packet will be used to match you with an appropriate mentee. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentees and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from both the mentee and mentor based upon the anonymous information provided about each other.

Please initial each of the following:

\_\_\_\_ I give my informed consent to participate in the Peer Mentoring Program and its related activities.

\_\_\_\_ I agree to follow all Peer Mentoring Program guidelines and understand that any violation on my part may result in suspension and/or termination from the Program.

\_\_\_\_ I release the Peer Mentoring Program of all liability of injury, death, or other damages to me that may result from my participation in the program, including but not limited to transportation, and hold harmless any mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

\_\_\_\_ (optional) I agree to allow Access to Independence to use my photographic image taken while participating in the Program. These images may be used in promotions or other related marketing materials.

By checking this box, I hereby decline any and all stipend payments.

I understand that I must return a completed *Interest Survey* along with this application, and that any incomplete information may result in the delay of my application being processed.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed applications by mail: Access to Independence, 26 North Main Street, Cortland, NY 13045; by fax: (607) 756-4884; or drop it off.



## Peer Mentoring Program Interest Survey

This survey will allow us to learn more about you, your interests, and your goals. Your complete answers will help us to better match you with a mentee and make your overall experience more successful. Please answer each of the following questions.

1. What times are you able to meet with a mentor? (Please check all that apply)

Weekdays:  Mornings  Lunchtime  Early Afternoon  Evenings

Weekends:  Mornings  Lunchtime  Early Afternoon  Evenings

2. What interests and hobbies do you have?

3. Do you know how to use a computer? Can you use the internet?

4. What level of education do you have? Do you plan to continue?

5. When you are seeking a job, what methods do you use?

6. If you could tryout a job/career, what would it be?

7. What are your strengths? What are your weaknesses?

8. What is one goal you have set for the future?