



www.daughterswithoutdads.net

MENTOR APPLICATION

P.O. Box 2534 Durham NC 27715 * 919-638-2221* Mentor Coordinator DwD President

“Restoring women to wholeness, one life at a time”

Participants: Please submit the accompanying Mentor Application to someone you trust and respect, someone who will be a friend, role model, and good listener

Mentor Requirements: Individuals must be 18 years or older; employed and/or college student with senior status or retired; All mentors and mentees will be of the same gender with the exception of pre-screened males participating in group mentoring, “Daughters on Dates”, “The Heart of the Father” and “Father/Daughter Dances” All prospective mentors should reside within 50 miles of the participant. **No prior mentoring experience is required.** Individuals must have a positive and supportive mental attitude, ability to inspire, excitement, willingness to commit and honesty and integrity.

The Mentor may not be: living in the same house as the participant; may **not** be the parent of the participant’s boyfriend or girlfriend; the boyfriend or girlfriend or ex-spouse of the participant’s parent; or a close relative where the family dynamics might get in the way of the relationship.

(Call the mentor coordinator at 919-638-2221 with any questions.) Good choices for a mentor might be a teacher, counselor, coach, minister, family friend, etc.

Thank you for applying to be a mentor for a DwD Girl Participant. The rewards are well worth the time involved. *It is a serious commitment, so think it over carefully.* If you have any questions about your eligibility, please contact Doresa Armstrong, The Chief Executive Director at 919-638-2221. Youthful indiscretions or minor legal involvement does not necessarily disqualify you from being a mentor. ****All mentors must submit proof of auto insurance, and a copy of current driver’s license.**** We need both of the attached character references filled out by someone who knows you well, like an employer (not a relative or spouse, or girlfriend or boyfriend) and sent WITH the application. **ALL MENTOR INFORMATION WILL REMAIN CONFIDENTIAL.** The reference does not need to see your application. Your application can be in a sealed envelope for privacy. Thanks for your consideration. We are not looking for saints, but we do require a lot of information. We must insure that we are thorough in our background investigations before matching a mentor and mentee.

Mentor Application and Program Explanation

Sign and return with complete application

Check out our website for more information: www.daughterswithoutdads.net

DwD mentoring is a unique opportunity for a young person at risk of dropping out, struggling in school, has demonstrated defiant behavior, doesn't have a natural father living in the home, has a step-father who is emotionally unavailable, a father who is terminally ill, or has a mental diagnosis, has been promiscuous, experienced underage drinking and drug abuse, or has been a victim of domestic violence or rape. It truly is a "second chance" to turn a life around. A very important part of this program is the involvement of mentors. When a participant has a mentor who is committed to help her succeed, she is much more likely to finish the program and return to her community as a productive citizen. We know your time is precious, but this opportunity is life changing.....for both of you. Here is a brief description of Mentor Program at DwD;

- The mentor will provide a completed application, two reference letters, proof of auto insurance, and copy of current driver's license. **Once the mentor is accepted, the mentor must submit fingerprints for a background investigation.**
- The mentor will attend an orientation and three mentor training sessions: Training is a requirement and happens after the mentor is accepted to the Mentoring Program.
- Mentors and participants **MUST** communicate during the Matching phase. Mentors will make phone calls to mentees after they have been "matched". Mentors and participants will be meeting face to face in the community (pilot program), and in school-based, faith-based and online (E-mentoring) e-mailing environments.

Mentors are invited to visit their participants on specified days. Visits are mandatory each month; the mentors and mentees spend between four to six hours together monthly, participating in fun and enriching activities throughout the North Carolina area. Activities range from visiting museums, seeing plays, bike riding, and ice skating, bowling, and helping with homework, to tasting a variety of ethnic foods or exploring new interests.

- In most cases of mentoring one hour per week is acceptable. Each mentor has the flexibility to arrange the time spent with the mentee. Therefore, please arrive on time, except in the case of an emergency. If you are unable to complete a scheduled visit, please contact the Mentoring Program Coordinator/CEO.
- The participants will develop a "life plan" or MAP (their goals for the future). Mentors will get a copy of the MAP and review it often with the participant during the twelve (12) month phase.
- Mentors will play an important role encouraging the participant to excel in school, remain in school or to enroll in school, get a job, and stay on the right path.
- The mentor will provide a brief report to the CEO or Mentoring Coordinator weekly for 12 months. This can be done on-line, mailed, faxed, phoned, or e-mailed
- DwD must report participant statistics to the DwD Executive Board Members to show demonstrate positives outcomes and program sustainability. The mentor report is critical to this process and the continued funding of the program. **Most of all**, the mentor and participant should have fun and develop a relationship rewarding for both of you.

I have read the Mentor Program Explanation and understand what is required.

Mentor Signature _____

Date: _____

Dear Mentor: Please PRINT clearly. This information is confidential. The entire application with proof of auto insurance and copy of driver's license can be sealed in an envelope for privacy purposes, but must accompany the participant application.

Today's Date: _____

PLEASE PRINT CLEARLY - All fields are required information

Full Name _____ Sex _____ Ethnicity _____ Marital Status _____

Date of birth _____ Age _____ Social Security Number _____

Do you have your own transportation? _____ Drivers License Number: _____ Auto Insurance Company: _____

Participants must be able to contact the mentor. Home Phone () _____ Cell () _____

E-Mail Address _____ Fax #: _____ Pager # _____

Home Mailing Address: _____ County: _____

Street address

Apt #

City

Zip Code

Do any of the following apply to your relationship with Participant: Step Parent _____ Step/ or Brother or Sister _____

Parent of Participant's girl/boyfriend _____ Girl/Boyfriend of one of Participant's Parents _____ Grandparent _____

Relative _____

Call the Mentor Coordinator/CEO if you have any questions about eligibility. Doresa Armstrong 919-638 2221

Why do you think you would be a good mentor for the participant? _____

Do you understand that this commitment is for 12 months? _____

Present Employer _____ Employer Address: _____

Occupation: _____ **MAY WE CALL YOU AT WORK?** _____ Work Phone: _____ Ext: _____

How long employed? _____ Full or part time _____ Other Volunteer Commitments: _____

Highest educational level achieved: High School _____ Technical Training _____ College/ University _____ Other _____

Past experience with Youth/Children _____

Health: Poor _____ Fair _____ Good _____ Excellent _____ any special concerns or physical limitations? _____

Please explain your present use of alcohol or any other drugs. _____

Please explain your past use of alcohol or any other drugs. _____

Please list two references that we can call (not relatives): Also give the two attached forms to two other people.

1. Name _____ Home #. _____ Work # _____ Relationship _____

2. Name _____ Home #. _____ Work # _____ Relationship _____

What attitudes and beliefs are of special importance to you? _____

Have you ever been a DwD mentor? ____ Participant's Name _____ Are you the parent of a DwD participant or graduate of the DwD? ____ Participant's Name _____ Age _____

Have you ever been involved in, investigated for, arrested and/or convicted of any crime? _____

Have you ever been convicted of a sex-related crime? Yes ____ No ____ If yes, when _____

Have you ever been convicted of a crime involving violence, or the threat of violence? Yes ____ No ____ When _____

Have you ever been convicted of a crime involving drugs and/or alcoholic beverages? Yes ____ No ____ When _____

Are any of these crimes a felony? _____

Crime _____ When _____ Please Explain: _____

Are you on probation ____ or parole ____? Have you ever been on probation ____ or parole? _____

If yes to the above questions, please explain. _____

Contact the Mentor Coordinator if you have concerns regarding past offenses and your eligibility as a mentor. Anything discussed will remain strictly confidential 919-638-2221 Doresa Armstrong

**AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS
AND RELEASE OF LIABILITY (permission for background check)**

In accordance with the Privacy Act of 1974 or other applicable law, I hereby authorize and consent to the release of information and records bearing on my personal history, arrest, and convictions, in any way to special agents of the Department of Defense or North Carolina. Upon request, a copy of this signed statement may be furnished to the school, present or former employer, criminal justice agency or other person furnishing such information or record. This information will be used for the purpose of determining my eligibility as a participant as a Mentor with the DWD Mentoring.

Mentor's Name: _____ County of Residence: _____

S. S. #: _____ Driver's License #: _____ State: _____

Place of Birth: _____ Date of Birth: _____ Previous Addresses (last 5 years): _____

_____ How long have you lived in North Carolina? _____ Other states lived in?

Mentor Liability Release

The term "DwD" refers to, and is meant to include Daughters without Dads for purposes of the release:

I understand and agree that I will be the one actually spending time with my matched participant, and that I must exercise care in supervising my participant while we are together. I also understand and agree that I am not a "DwD" agent, and that I am responsible for choosing and conducting all activities with my participant and that "DwD" does not retain any power to control how these activities are conducted. I therefore agree that "DwD" will not be liable for, and I agree to hold "DwD" harmless from all liability, causes of action, and losses imposed on it in any way related to or arising out of this mentoring agreement, including, but not limited to, liability for personal injuries, whether the liability, cause of action, or loss is caused by my negligence, or "DwD" negligence or otherwise. I further release "DwD" from any and all liability claims, demands, actions, or causes of action whatsoever arising out of any damage, loss, or injury I might incur while participating in any of the activities contemplated by this mentoring agreement, whether such damage, loss or injury is caused by the negligence of "DwD", its officers, agents, servants, employees, or otherwise. I understand that "DwD" will release my name, address, and phone numbers to other mentors for the purpose of coordinating mentor/participant activities, unless otherwise specified by me. **All of the information I have given is true.**

MENTOR SIGNATURE: _____ **Date:** _____

**DwD Mentoring Program
P. O. BOX 2534
Durham, NC 27715
(919) 638-2221**

Mentor Character Reference (not for participant)

Dear Mentor Applicant: Please give this form to an adult (over 21 years of age) and who is **not related** to you and would know something about your character.

Dear _____
(Name of person giving reference - please print)

_____ Has applied for volunteer work to be a mentor for
(Prospective Mentor applicant's name - please print)

_____, an applicant to the DWD Mentoring Program
(Prospective Participant's Name - please print)

DWD Mentoring Program, which focuses on the needs of "At Risk" Youth.

He/She is being considered for a match with a participant in a one-to-one relationship. Please help us learn whether this person is suited for this type of work. We would be grateful if you would answer the questions on this form as fully and carefully as you can. Information received will be kept in confidence. Please return this form to the person who requested it as soon as possible. You can put it in a sealed envelope if necessary. We need it as part of his/her application.

How long have you known the MENTOR applicant? _____ How do you know this person? _____

Does the MENTOR applicant have a good home relationship? _____ Does he/she work well with others? _____

Please rate the prospective **MENTOR** in the following areas.

	Excellent	Good	Average	Poor	Unknown
Personal Habits	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Compassion for others	_____	_____	_____	_____	_____
Completes commitments	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Maturity level	_____	_____	_____	_____	_____
Receives constructive criticism	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____

Is there anything about this person that we should know before matching him/her as a mentor with this young person? _____

If you were in our position, would you, without hesitation, consider using this person as a Mentor for an "At Risk" Youth? _____

No reference will be valid unless signed and with phone numbers.

Signature of person making recommendation _____ **Date** _____

Home Phone (_____) _____

Work Phone (_____) _____

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Mentor Character Reference (not for participant)

Dear Mentor Applicant: Please give this form to a person who is **not related** to you and would know something about your character (over 21, not a relative).

Dear _____
(Name of person giving reference - please print)

_____ Has applied for volunteer work to be a mentor for
(Prospective Mentor applicant's name - please print)

_____, an applicant to the Daughters without Dads Mentoring Program
(Prospective Participant's Name - please print)
DwD, which focuses on the needs of "At Risk" Youth.

He/She is being considered for a match with this participant in a one-to-one relationship. Please help us learn whether this person is suited for this type of work. We would be grateful if you would answer the questions on this form as fully and carefully as you can. Information received will be kept in confidence. Please return this form to the person who requested it as soon as possible. You can put it in a sealed envelope if necessary. We need it as part of his/her application

How long have you known this applicant? _____ How do you know this person? _____

Does the Mentor applicant have a good home relationship? _____ Does he/she work well with others? _____

Please rate the prospective **Mentor** in the following areas.

	Excellent	Good	Average	Poor	Unknown
Personal Habits	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Compassion for others	_____	_____	_____	_____	_____
Completes commitments	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Maturity level	_____	_____	_____	_____	_____
Receives constructive criticism	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____

Is there anything about this person that we should know before matching him/her as a mentor with this young person? _____

If you were in our position, would you, without hesitation, consider using this person as a Mentor for an "At Risk" Youth? _____

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Signature of person making recommendation _____ **Date** _____

Home Phone (_____) _____

Work Phone (_____) _____