

EXODUS PROJECT

a pathway to re-entry

Mentor Application Instructions

The Mentor Application is an Adobe Acrobat (pdf) document that is fillable and printable. To help complete the form, please note the following instructions.

1. Open the document and “save as” a copy of the form. Renaming suggestion: (your last name) Mentor App.
2. Use the Tab key to advance through the form and type text in each highlighted field.
3. Mouse click (left) on a check box to select it. Click again on the box to deselect it.
4. Save to retain all information and/or return to the form as needed to make edits and finalize.

Please submit your application to exodus@svdp-sacramento.org. After your application has been reviewed, you will be contacted to schedule an interview.

Note: Everything in your application remains confidential.

If you have questions or need assistance, you may contact us at:

Exodus Project

exodus@svdp-sacramento.org

916.669.0611

A Special Works of



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EXODUS PROJECT

Mentor Application

Thank you for your interest in becoming a volunteer mentor with Exodus Project. We appreciate you taking the time to complete this application. Please note that everything in your application will be kept confidential.

Exodus Project is not specifically a peer mentoring program. However, if you have been involved in the criminal justice system, this will likely be an asset to you in the role of mentor. If you feel comfortable, please share this with us in your application.

Exodus Project does not discriminate on the basis of race, religion, ethnicity, culture, national origin, sexual orientation, disability, age, gender, or gender expression.

Date: _____

Name: _____

Address: _____

Phone Number: (____) _____ Home (____) _____ Mobile

Email Address: _____

Occupation(s): _____

Education Completed

High School Other _____

Degrees:

Two-Year in _____ School _____

Four-Year in _____ School _____

Advanced in _____ School _____

Date of Birth: _____ Gender: _____ Driver License #: _____

Please share how you identify yourself in terms of race, ethnicity, and/or culture.

Do you speak any other languages?

What, if any, is your religious affiliation?

How did you hear about the Exodus Project?

Mentors are required to participate in an 18-hour mandatory training before mentoring. Are you available for mentor training on all of the following dates and times?

| | <u>Yes</u> | <u>No</u> |
|----------------------------------|--------------------------|--------------------------|
| April 30, 2020 6:00 pm – 9:00 pm | <input type="checkbox"/> | <input type="checkbox"/> |
| May 2, 2020 10:00 am – 4:00 pm | <input type="checkbox"/> | <input type="checkbox"/> |
| May 7 2020 6:00 pm – 9:00 pm | <input type="checkbox"/> | <input type="checkbox"/> |
| May 9, 2020 10:00 am – 4:00 pm | <input type="checkbox"/> | <input type="checkbox"/> |

After the initial training, can you commit to 5 to 8 hours a month for one year? Yes No

What motivates you to apply for this program?

What strengths/skills will you bring as a mentor with Exodus Project?

Do you have experience, training, or education that qualifies you to assist a specific trade area or skill development?

What are your concerns related to doing this work? What do you think you may find challenging as a mentor?

What experiences in your personal, work, and/or volunteer history are relevant to this role of being a mentor with someone coming out of jail?

Tell us about your faith background and/or faith journey as a religious or non-religious person. How do you see this may influence your mentor relationship?

Do you have any physical or medical limitations that may prevent you from serving as a mentor? Yes No

If yes, please explain.

Is there anything additional you would like us to know about you in the context of mentorship?

Please list names and contact information of two personal (non-family) references who can speak to your strengths and skills relevant to being a mentor.

Name: _____
Relationship: _____ Number of Years _____
Phone: (____) _____ Email: _____

Name: _____
Relationship: _____ Number of Years _____
Phone: (____) _____ Email: _____

Emergency Contact Information

Name: _____
Relationship: _____
Phone: (____) _____

Thank you for your interest and time in applying as a volunteer mentor with the Exodus Project.

If you have questions or need assistance, you may contact us at:

Exodus Project
exodus@svdp-sacramento.org
916.669.0611

Mailing Address:

Exodus Project
SVDP Sacramento Council
P.O. Box 162487
Sacramento, CA 95816