

OreMi Mentoring Program

Family Support Services of the Bay Area (FSSBA)

Mentor Application Instructions

Thank you for choosing to participate in the OreMi Mentoring Program and working to stop the intergenerational cycle of incarceration.

OreMi's thorough screening process ensures the safety of our children, families and mentors and ensures the best possible matches for our perspective mentees and mentors.

Please note: The information you provide on this application will be kept confidential and is strictly used to determine your eligibility in the mentoring program. Also, submitting an application to the OreMi Mentoring Program **does not guarantee** acceptance or matching in our program.

TO BECOME A MENTOR:

- ❑ Complete that attached Mentor Application
- ❑ Deliver, fax or mail the application to:
OreMi Mentoring Program
Family Support Services of the Bay Area (FSSBA)
401 Grand Avenue, Suite 500
Oakland, CA 94610
Fax: 510-834-1548

⇒ If you have any questions, please contact OreMi Staff at (510) 834-2443 ext. 3009

Thank You. We look forward to helping you make a difference in a child's life.

OreMi Mentoring Program

OreMi Mentoring Program

Family Support Services of the Bay Area (FSSBA)

Please check yes or no to the following questions:

(Your answers will not automatically disqualify you from the program)

Yes No

Have you ever had an alcohol or substance abuse problem?

If so, how did you address this challenge?

Have you ever been arrested? If yes, please explain:

Have you ever been convicted of a crime?

If so, please list date(s) and charges on which you were convicted:

Program Requirements:

1. Are you at least 18 years old?

_____Yes _____No

2. Have you lived in the Bay Area for at least 6 months and plan to remain for at least one year?

_____Yes _____No

3. Can you commit to participate in the OreMi Mentoring Program for a minimum of one year from the time you are matched with a mentee?

_____Yes _____No

4. Are you available to meet with a mentee for a minimum of 1 hour per week?

_____Yes _____No

5. This mentoring position requires that mentors receive a clearance in the following areas: criminal record, child abuse, and sexual offender. Are you willing to allow us to conduct a background check in the areas listed above?

_____Yes _____No

6. Are you willing to communicate regularly and openly with OreMi Program Staff and receive feedback regarding your mentoring activities?

_____Yes _____No

7. This mentoring position requires that you attend an initial mentor training session and two in-service training sessions per year after being matched. Can you meet this requirement?

_____Yes _____No

OreMi Mentoring Program

Family Support Services of the Bay Area (FSSBA)

Matching:

1. What is your highest level of education completed?

<input type="checkbox"/> Less than a high school diploma	<input type="checkbox"/> Associate Degree (2 years)
<input type="checkbox"/> High School equivalency/GED	<input type="checkbox"/> Bachelor's Degree (4 years)
<input type="checkbox"/> High School diploma	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Some College	<input type="checkbox"/> Doctorate (Ph.D./ J.D./ M.D.)
<input type="checkbox"/> Vocational/ Technical/ Business School	

2. What is your current employment status? (*Check all that apply*)

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Seeking employment | |

3. Do you speak any languages other than English? If so, which languages?

4. What is the best time for you to participate in a young person's life?(Check all that apply)

	Monday	Tuesday	Wed.	Thursday	Friday	Saturday	Sunday
Morning (8:00-12:00)							
Afternoon (12:00-3:00)							
After School (3:00-6:00)							
Evening (6:00-9:00)							

Note: You must notify OreMi Staff of any changes in your availability, as this may affect your ability to volunteer within the program.

5. How does being a mentor reflect your values, and what do you hope to accomplish by being a mentor?

OreMi Mentoring Program

Family Support Services of the Bay Area (FSSBA)

6. What are some activities you like to do in your free time?

7. What is one goal you are working towards?

8. Please check all activities in which you are interested:

Biking	Camping	Science	Cooking	Reading
Hiking	Boating	Music	Art	Golf
Sports	Swimming	Gardening	Dance	Movies
Fishing	Animals	Yoga	Board Games	Shopping

9. List any other hobbies or interest you would like to share with a mentee:

To help us match you with a mentee in our program, we would like to know about any preferences you may have (check all that apply):

1. Gender: Male___ Female___ No Preference___

2. Age: ___4-6 ___7-10 ___11-14 No Preference___

3. Ethnicity:

Latino/ Hispanic ___ Pacific Islander ___

African American ___ Caucasian ___

Asian ___ American Indian/ Alaskan Native ___

Other: ___ No Preference ___

please specify

4. Would you be willing to work with a child who has special needs? (*learning disability, physical disability, behavioral disability, etc.*)

Yes___ No___ No Preference___

If Yes, please specify the special needs with which you would be willing to work.

OreMi Mentoring Program

Family Support Services of the Bay Area (FSSBA)

EMPLOYMENT HISTORY

Please provide employment information for your last **three** positions, starting with your most recent position held.

1. Employer: _____
Dates of Employment: _____ to _____ (m/year)
Position Held: _____
2. Employer: _____
Dates of Employment: _____ to _____ (m/year)
Position Held: _____
3. Employer: _____
Dates of Employment: _____ to _____ (m/year)
Position Held: _____

PERSONAL REFERENCES

Please list a *minimum* of three references:

1. Your current/ recent employer, if you are retired or have been unemployed for more than five years, please list a friend in the space provided;
2. A co-worker or friend who has known you for at least **one** year;
3. A close family member (spouse/domestic partner) or a second friend who has known you for at least **two** years. If more space is needed, use an extra sheet of paper.

1. Employer: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____
2. Co-worker or Friend: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

OreMi Mentoring Program

Family Support Services of the Bay Area (FSSBA)

3. Spouse/Domestic Partner or Friend: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

Please read carefully and initial each of the following:

_____ I understand that the references listed may be contacted by mail, telephone, or email.

_____ I understand that Family Support Services of the Bay Area is not obligated to provide a reason for their decision for accepting or rejecting me as a mentor in the OreMi Mentoring Program.

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 deliver, fax or mail the application to:

OreMi Mentoring Program
Family Support Services of the Bay Area (FSSBA)
401 Grand Avenue, Suite 500
Oakland, CA 94610
Fax: 510-834-1548

Thank you!