

# The Family Partnership Program Mentor Application

Please Print Clearly

\_\_\_\_\_  
Name Sex (M/F) Date of Application

(231) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_ e-mail: \_\_\_\_\_  
Home Phone Cell or work phone  
(indicate best way, days & times to reach you)

\_\_\_\_\_  
Address City MI Zip code

**Why are you interested in becoming a Mentor to a low-income individual?**

**What do you want to accomplish as a Mentor?**

**How do you think you would react to a family whose life style is quite different from your own?**

**What skills, life experiences, hobbies, etc. do you bring to mentoring?**

**Please indicate experience with any of these programs:** *Women's Resource Center, Third Level, Stephen Ministry (or similar), Habitat for Humanity, Empathy Training, Safe Harbor (or other homeless program), Goodwill, Salvation Army, Father Fred's*

**Please list any other pertinent volunteer or work experiences that have put you in contact with people from poverty backgrounds, in crisis, etc.**

**Please provide us with three references we can contact (name and contact info):**

1) Pastor/Church reference person (Preferably someone who knows you well):

2) Reference from work/volunteer or organizational experience:

3) Other (please identify your relationship to this person):

## Mentor Application Continued

**Please prayerfully consider and answer the following questions:**

1. Are you a good listener? \_\_\_\_\_
2. Can you accept ideas and perspectives different from your own? \_\_\_\_\_
3. Are you comfortable sharing your faith in ways that avoid proselytizing or simply turning people off? \_\_\_\_\_
4. What kinds of things would you not be able to tolerate/accept (example: to meet in a house filled with cats; someone who uses foul language constantly)
  
5. Can you comply with the FPP Core Principles listed at the end of this application? \_\_\_\_\_
6. How much time could you devote monthly to mentoring? \_\_\_\_\_ Hrs weekly? \_\_\_\_\_
7. Can you participate in the initial exploration session, regularly attend the mentor support meetings and agree to further training as requested/suggested to enhance your education on poverty? \_\_\_\_\_
8. Can you commit to a year working with an individual \_\_\_\_\_ and do you have the ability to continue beyond that if the relationship appears to be working well? \_\_\_\_\_
9. Please indicate, as best you can, your available times and days to meet weekly
10. How often and for how long do you go out of town?

**Please note that applying to become a mentor does not automatically indicate acceptance by the family partnership program. A clearance check, attendance at our exploration class, and a face to face interview is required, followed by review by the family partnership mentor training and support committee. Other training components may be requested or required as well, depending on individual experience and skills.**

### **Family Partnership Core Principles**

The integrity of the FPP rests on a foundation consisting of the following core principles. These principles, many of which have been adapted from the Habitat for Humanity model, are:

- Family Partnership is a Christian, interfaith organization that has no allegiance to a particular denomination or theology. All people are welcome to participate regardless of religious background or preference.
- Family Partnership provides opportunities to put Christian faith and love in action but does not direct how or to what extent a mentor should witness to his or her faith.
- Individuals and families are accepted for mentoring without regard for their faith connection or lack of connection and will not be expected to abandon or acquire new religious beliefs or practices.
- The intended role of a mentor is to: (1) foster an environment of mutual friendship, trust and respect, (2) help the family set realistic goals and (3) help the family make choices that can lead to an improved quality of life.
- Partnership confers equality. Each partner has responsibilities clearly stated in our partnership agreement.
- Mentors help steer partner families to organizations that provide emergency assistance in the form of cash or material assets, but Family Partnership does not provide such assistance because charity can destroy the equality that makes a partnership work.
- Family Partnership will not attempt to replace or take over existing community resources or hinder any support currently provided by another program.

## Mentor Applicant Disclosure Form Family Partnership

To protect the children in our care, and families with whom we interact, we must ask ALL volunteers from ANY background to complete this Criminal History Information form. This information may be forwarded to your State Police office for disclosure of any applicable charges or findings. Acceptance of any volunteer is conditional upon a satisfactory background investigation. This will be not trouble to law-abiding citizens but will identify and eliminate any person(s) who might attempt to use this volunteer opportunity inappropriately or endanger children. Thank you for your cooperation.

**Last Name:** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_

**Previous Name(s)** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Drivers License #** \_\_\_\_\_

Answer **YES** or **NO** to each listed item. If the answer is **YES** to any item, explain in the area provided, indicating the charge or finding, the date and court(s) involved.

**1. Have you been convicted of any crimes against persons?**

(Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree statutory rape; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment, simple assault; sexual exploitation of minors; first or second degree criminal mistreatment.)

Answer \_\_\_\_\_ if yes, explain below or on back.

**2. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or have physically abused any minor?**

Answer \_\_\_\_\_ if yes, explain below or on back.

**3. Have you been found by any court to have sexually assaulted or exploited any minor or to have physically abused any minor?**

Answer \_\_\_\_\_ if yes, explain below or on back.

**4. Have you been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?**

Answer \_\_\_\_\_ if yes, explain below.

I have read the information contained herein and I certify under penalty of perjury under the laws of my state that the foregoing is true and correct. I authorize the Family Partnership Program to inquire with the State Police regarding this matter and release the program from any and all liability connected to obtaining or disclosing such information. I agree that the program may, at its discretion, terminate my assignment if, among other reasons, I provide misleading or incomplete statements.

I further state that to the best of my knowledge, I have no communicable disease.

Applicant = Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please sign and return to:**     **Roberta LaMont, Executive Director**  
**Family Partnership**  
**1144 Boon St., Suite 1**  
**Traverse City, MI 49686**

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**Please keep this for your reference.**

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**Questions or Comments? Contact:**

**Roberta LaMont  
Family Partnership Program Director  
1144 Boon St., Suite 1  
Traverse City, MI 49686**