

Family Partnership Grand Traverse

Mentor Application

Please print clearly

Tell us who you are

Full Name

Date of birth

Sex (M/F)

Address

City

State

Zip

Home Phone

Cell Phone

Other Number

Email Address

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

What do you want to accomplish as a Mentor?

How do you think you would react to a family/individual 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, other social service agencies.*

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 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, persistent use of foul language, a home that allows smoking indoors...)
5. Can you comply with the FPGT Core Principles listed at the end of this application? _____
6. How much time could you devote monthly to mentoring? _____ Hrs. Weekly? _____ Hrs.

FPGT Partner Family Application

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 six months of working with an individual? _____

9. Would you consider continuing beyond that if the relationship appears to be working well?

10. Please indicate, as best you can, your available times and days to meet each week:

11. How often and for how long do you go out of town?

Additional Comments:

Please provide us with three references including names, phone number, and e-mail address (listing them here gives us permission to contact them):

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

2) Work, volunteer, or organizational experience:

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

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.

FPGT Partner Family Application
Family Partnership Core Principles

The integrity of the FPGT 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:

1. Members of each congregation will choose to be mentors for a variety of reasons, but chief among these should be a desire to put their faith in action and be witnesses for God's love as exemplified by Jesus Christ. This is the component that distinguishes faith-based mentoring from other programs. Witnessing by our mentors is meant to serve as a role model rather than an overt effort to make Christians or church members out of mentees.
2. The role of our mentors is to foster an environment of mutual friendship, trust and respect with their family partners and work with them to set goals and make choices that will improve the quality of their lives.
3. Mentors are not social workers or saviors. They do not solve problems. They help families find solutions.
4. Partnership confers equality. Each partner has responsibilities clearly stated in the Partnership Agreement that each of them signs.
5. Gifts from mentors are demeaning, encourage dependency and undermine the equality that should exist between equal partners.
6. The FPGT will not replace or take over existing community resources or hinder any support currently provided to the mentee.

Signature of Mentor Applicant

Date

Please fill out and Return to: Family Partnership, 1144 Boon St. Suite I, Traverse City, MI 49846
Need help with your application: call us at (231) 421-8411