DULUTH CENTER FOR WOMEN AND CHILDREN

Dear Prospective Mentor,

Thank you for your interest in applying to be a part of the DCWC mentorship program. Please complete this application. You can return it to us by printing and mailing the completed application to this address:

DCWC attn. Connie Black
23 W Central Entrance PMB 187
Duluth, MN 55811

Should you have any questions or need additional assistance with completing the application, please contact Connie Black at connieblack.black@gmail.com.

Once we receive your application, we will be in touch with you regarding next steps for your screening.

Mentoring is a deeply rewarding and powerful experience. We are excited to see your application and connect.

Sincerely,

Connie Black

Connie Black, DCWC
Phone: 218-249-1644

DCWC MENTOR VOLUNTEER APPLICATION

DCWC continually strives to advance equity and diversity within ourselves and our community. We engage in anti-oppressive pratices that work towards eliminating prejudice, racism, and discrimination of marginalized groups. We stand in support of the rights of LGBTQ+, Black, Indigenous, and People of Color (BIPOC). Our goal is to create a vibrant and inclusive mentorship community.

Please Print:

NAME: _____
_____
First Middle Last

PRONOUNS: _____ DATE OF BIRTH: _____

LOCAL ADDRESS: _____
No. and Street City State Zip

PHONE NUMBER: _____

EMAIL: _____
_____

EMPLOYER: _____ HOURS: _____

OTHER VOLUNTEER COMITTMENTS: _____

WHAT MOVES YOU TO PURSUE THIS OPPORTUNITY:

The following information is for statistical records and grant eligibility and has no bearing on service or acceptance:

GENDER: _____

RACE AND ETHNICITY: (Please check all that apply)

- □ White
- □ Black / African American
- □ Asian
- □ American Indian
- □ Native Hawaiian / Pacific Islander
- □ Hispanic Ethnicity
- □ _____

ARE YOU PRESENTLY A STUDENT: _____ SCHOOL: _____

CAN YOU FULLY COMMIT TO MEETING REGULARLY WITH A CHILD / YOUTH ON A WEEKLY BASIS (ONE HOUR PER WEEK) FOR AT LEAST A YEAR?

_____

REFERENCES

PERSONAL / FAMILY REFERENCE: When listing personal references, please use the names of people who have seen you work with youth. If you know the best time for us to reach them, please also include that information.

NAME: _____. PHONE #: _____

EMAIL: _____ BEST TIME TO CONTACT: _____

NAME: _____. PHONE #: _____

EMAIL: _____ BEST TIME TO CONTACT: _____

EMPLOYER OR SUPERVISOR REFERENCE:

NAME: _____. PHONE #: _____

EMAIL: _____ BEST TIME TO CONTACT: _____

Please notify your references and encourage them to return our calls as soon as possible after receiving them.

VOLUNTEER POLICY AND PROFILE

The undersigned acknowledges and agrees that: (1) I am not obliged, if called upon, to perform the volunteer services herein applied for and that the agency is not obligated to assign, or actively seek to assign me a mentoring relationship and (2) As a part of the agency's assessment process, additional personal information may be elicited from the applicant by professional agency personnel. (3) I agree to contact DCWC if any critical information (i.e. license revocation, DUI's, criminal charges and/or convictions) occur after I have become part of any of DCWC's programs.

SIGNED: _____. DATE: _____

MENTOR QUESTIONNAIRE

1. Why do you want to be a mentor?

2. Describe your previous experience with youth. Please check all the following that apply:

   □ Currently employed working with youth:
   _____

   □ Previously employed working with youth:
   _____

   □ Volunteer experience working with youth:
   _____

   □ Formal training in working with youth:
   _____

   □ Parenting experience in raising own children:
   _____

   □ Experience working with youth in your extended family:
   _____

   □ No Experience

   □ Other (Please describe)
   _____

3. What concerns do you have about being a mentor in this program?

4. What assets do you have that would benefit a mentoring relationship?

5. What are your expectations of a mentoring relationship?

6. Describe any mentoring situation you would feel comfortable with.

7. Firearms Disclosure Policy: Do you own a gun? If yes, please describe your storage and safety measures.

DRIVING RECORD AND CRIMINAL HISTORY

Past criminal history is a consideration in the application process. It does not automatically disqualify you from being a mentor. Please note that our policies do not allow you to transport your mentee in your private vehicle.

DO YOU HAVE A CLEAN DRIVING RECORD? IF NO, PLEASE EXPLAIN.

PLEASE LIST ANY PAST CRIMINAL BEHAVIORS:

By signing below, I certify that the information contained in this document is complete and correct.
SIGNATURE: _____. DATE: _____

MENTOR / YOUTH MATCHING GUIDE

□ Football
□ Baseball
□ Basketball
□ Track
□ Soccer
□ Tennis
□ Volleyball
□ Swimming
□ Golf
□ Hockey
□ Martial Arts
□ Rollerblading
□ Walking
□ Hiking
□ Fishing
□ Picnicking
□ Gardening

□ Exploring / Sightseeing	□ Reading	□ Drawing / Painting
□ Music	□ Library	□ Fine Arts
□ Movies	□ Cooking / Baking	□ Crafts
□ Museums	□ Science / Chemistry	□ Electronics
□ Theater	□ Arcade	□ Auto Mechanics
□ Concerts	□ Astronomy	□ Sewing / Knitting
□ Rock Collecting	□ Sledding	□
□ Board / Card Games	□ Broomball	□
	□ Curling	□

PLEASE LIST ANY ACTIVITIES YOU WOULD BE OPPOSSED TO DOING WITH A YOUTH:

YOUTH CHARACTERISTICS: Please give honest thought to the following areas and record your preferences.

AGE: 7-10 _____ 11-13 _____ 14-17 _____

1. Please list any preferences or characteristics of a youth that you feel would contribute to the success of your match.

2. Please list any personality traits that you feel you would be an especially good match with and any personality traits you would be uncomfortable working with.

3. Is there anything else we should know about you to make the best match possible?

SIGNATURE: _____. DATE: _____