

**YWCA Labyrinth Volunteer Mentor Application**

**PERSONAL INFORMATION**

Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Former names, if any: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Emergency contact name and phone number: \_\_\_\_\_

Please list any dietary restrictions: \_\_\_\_\_

**EXPERIENCE (Or attach current resume)**

Current employer/Job title: \_\_\_\_\_

Past employer/Job title: \_\_\_\_\_

Education: \_\_\_\_\_

Community Involvement (Briefly describe current and past participation in community activities, volunteering, committee work, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AVAILABILITY**

Days and times:  Monday \_\_\_\_\_  Tuesday \_\_\_\_\_  Wednesday \_\_\_\_\_  Thursday \_\_\_\_\_  
 Friday \_\_\_\_\_  Saturday \_\_\_\_\_  Sunday \_\_\_\_\_

Limitations (classes, work, family, etc.): \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL EXPERIENCE

1. What qualities, skills, or other life experiences do you feel will be helpful in working with a woman coming out of jail or prison.

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2. How would you describe yourself as an individual? (Personality style, problem solving style, etc.)

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3. Why do you want to be a mentor for a woman coming out of jail/prison?

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4. Have you had any experience with the justice system (personally or through a loved one)?  Yes  No

5. If yes, what did you experience?

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6. If this experience ended in a parole/probation sentence, what date did you complete supervision? \_\_\_\_\_

7. If you do not have personal experience with the justice system, what do you think the problems could be that result from a person being arrested?

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8. What challenges do you think some women's might face after release from jail/prison?

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9. Have you had any experience with addictive behavior, either substance abuse or other additions, personally or through a loved one?  Yes  No

10. If yes, what did you experience? \_\_\_\_\_

11. If you have experienced addiction personally, what do you do for recovery/support?

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## PERSONAL EXPERIENCE, CONT.

12. Can you commit to participate in our mentoring program for one year from the time you are matched?  
 Yes  No
13. Are you available meet with your mentee over the phone, or in person, once a week for the first three months and bi-weekly for the remaining nine months?  Yes  No
14. Are you willing to receive check-in calls from staff and provide monthly information regarding your mentoring activities/discuss feedback on the mentoring relationship progress?  Yes  No
15. Are you willing to attend an initial training series and monthly ongoing training/match events?  
 Yes  No
16. Do you have any concerns about attending the events?  Yes  No
17. If yes, please elaborate: \_\_\_\_\_

## COMMENTS

Please use this space (use additional pages if necessary) to identify any questions or concerns you have about YWCA Labyrinth or about being a mentor for a woman coming out of jail/prison. \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

## REFERRALS

Please list friends/acquaintances/professional contacts you feel can discuss your potential as a mentor.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## AGREEMENT

I agree to a background and reference check as a potential volunteer mentor with YWCA Labyrinth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STAFF ONLY

Received (Date + Initials \_\_\_\_\_)  Entered in volunteer tracking (Date + Initials \_\_\_\_\_)

Notes: \_\_\_\_\_