

Mentor Application Instructions

The Mentor Application is an Adobe Acrobat (pdf) document that is fillable and printable. To help complete the form, please note the following instructions.

- 1. Open the document and "save as" a copy of the form. Renaming suggestion: (your last name) Mentor App.
- 2. Use the Tab key to advance through the form and type text in each highlighted field.
- 3. Mouse click (left) on a check box to select it. Click again on the box to deselect it.
- 4. Save to retain all information and/or return to the form as needed to make edits and finalize.

Please submit your application to exodus@svdp-sacramento.org no later than August 15th, 2020. After your application has been reviewed, you will be contacted to schedule an interview.

Note: Everything in your application remains confidential.

If you have questions or need assistance, you may contact us at:

Exodus Project
exodus@svdp-sacramento.org
916.669.0611



EXODUS PROJECT Mentor Application

Thank you for your interest in becoming a volunteer mentor with Exodus Project. We appreciate you taking the time to complete this application. Please note that everything in your application will be kept confidential.

Exodus Project is not specifically a peer mentoring program. However, if you have been involved in the criminal justice system, this will likely be an asset to you in the role of mentor. If you feel comfortable, please share this with us in your application.

Exodus Project does not discriminate on the basis of race, religion, ethnicity, culture, national origin, sexual orientation, disability, age, gender, or gender expression.

Date:				
Name:				
Address:				
Phone Number: ()	Home	()	Mobile	
Email Address:				
Occupation(s):				
Education Completed				
High School □ Other				
Degrees:				
☐ Two-Year in		School		
☐ Four-Year in		School		
☐ Advanced in		School		
Date of Birth:	Gender:		Driver License #:	
Please share how you identify y	ourself in terms of race	e, ethnicity, and/or	culture.	
Do you speak any other languaç	ges?			
What, if any, is your religious af	filiation?			
How did you hear about the Exc	odus Project?			

Mentors are required to participate in an 16-hour mandatory training before mentoring. Due to COVD-19, training will be conducted via Zoom meeting.		
After the initial training, can you commit to 5 to 8 hours a month for one year? Yes \square No \square		
What motivates you to apply for this program?		
What strengths/skills will you bring as a mentor with Exodus Project?		

Do you have experience, training, or education that qualifies you to assist a specific trade area or skill development?
What are your concerns related to doing this work? What do you think you may find challenging as a mentor?
What experiences in your personal, work, and/or volunteer history are relevant to this role of being a mentor with someone coming out of jail?

Tell us about your faith background and/or faith journey as a religious or non-religious person. Influence your mentor relationship?	How do you	see this may
Do you have any physical or medical limitations that may prevent you from serving as a mentor?	Yes □	No 🗆
If yes, please explain.		
Is there anything additional you would like us to know about you in the context of mentorship?		

			Number of Years	
			14dmber of 1ears	
Relationship:				
Phone:	()	Email:		
	ntact Information			
Name:				
Relationship:				
Phone:	()			

Please list names and contact information of two personal (non-family) references who can speak to your strengths and

skills relevant to being a mentor.

Thank you for your interest and time in applying as a volunteer mentor with the Exodus Project.

If you have questions or need assistance, you may contact us at:

Exodus Project

exodus@svdp-sacramento.org

916.669.0611

Mailing Address:

Exodus Project SVDP Sacramento Council 2324 L Street, Suite 308 Sacramento, CA 95816