



## The Afro Canadian Caribbean Association Mentor/Mentorship Intake Package

423 King Street East Hamilton, ON L8N 1C5 (905)385-0925



Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete all the following.**

Your details given below will assist Afro Canadian Caribbean Association Mentorship Program to know more about you and your interests. In so doing, the information will help us in identifying a suitable match for you.

**1. What are the most convenient times for you to meet with your mentee? Please check all that apply.**

**Weekdays:** \_\_\_ **Lunchtime:** \_\_\_ **After school:** \_\_\_ **Evenings:** \_\_\_ **Weekends:** \_\_\_

**Other:**

\_\_\_\_\_

**Please indicate age group(s) and/or you are interested in working with:**

**Age:** \_\_\_13      **Age:** 15 and over\_\_\_

**Do you speak any languages other than English? If so, please list them:**

**What are your hobbies?**

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**Do you have any other special interest? Please list:**

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**What is your job and how did you choose this field?**

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**If you could learn something new, what would it be?**

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**Which person do you most admire and why?**

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**Personal Information:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_ **Age:** \_\_\_\_

**Gender:**  Male  Female  Non-conforming

**Please list all members of your household:**

**Name** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Age** \_\_\_\_\_

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**Name** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Age** \_\_\_\_\_

**Mentor Employment History:**

Please provide employment information for the past five years, with most recent position held first. (If more space is needed use an extra sheet of paper.)

**Name of Employer:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_ (m/year)

**Position Held:** \_\_\_\_\_

**Application Questions:**

Please answer all the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor?
  
2. Do you have any previous experience volunteering or working with youth? If so, please specify.
  
3. What qualities, skills, or other attributes do you feel you have that would benefit a young person? Please explain.
  
4. Can you commit to participate in the ACCA mentoring program for a minimum of one year from the time you are matched with a youth?
  
5. Are you available to meet with a child six to eight hours per month and have contact at least once per week?
  
6. Please explain any particular scheduling issues.



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### The Afro Canadian Caribbean Association Mentoring Program:

#### Mentor Assessment Summary:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Screening Materials:

Date Sent to Applicant: \_\_\_\_\_

Date Rec'd from Applicant: \_\_\_\_\_

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

#### Items Completed

Written Application

Copy of driver's License

Proof of Auto Insurance

Information Release

Personal References

Interest Survey

Hamilton Police Services Vulnerable Sector check

Child Abuse & Neglect Release Sexual Offender Release Form

Volunteer Interview

Personal Reference Interview

Notification letter sent

**Eligibility Criteria:**

**Yes**    **No**    Eligibility Criteria

       21 years and older

       Resides in Hamilton and area

       Willing to adhere to program/policy procedures

       Agrees to one-year commitment

       Commits to 6-8 hours per month

       Agrees to weekly contact with mentee

       Completed Screening Procedure

       Agrees to attend required training sessions

       Willing to communicate regularly with Program Manager and submit monthly meeting and activity information

       Has reliable transportation

       Has current driver's license, insurance, and good driving record

Has clean criminal history

       Has not been convicted of a felony in past seven years

       Does not use illicit drugs

       Will not use alcohol or controlled substances inappropriately (when in the company of the mentee)

       Is not in treatment for substance abuse. Has had a non-addictive period for at least the past five years

       Has not been hospitalized for a mental health concerns in past three years

- Has no communicable disease
- Has not falsified information during screening process
- Meets all eligibility criteria? If no, are there any mitigating circumstances

**General Assessment Areas:**

**Yes No Did applicant relate appropriately to the program staff during the following steps:**

- Initial contact and inquiry
- Orientation
- Interview

**Yes No Did applicant complete the screening process with ease and appropriateness?**

- Are his/her reasons for wanting to be a mentor appropriate?
- Is applicant’s personal and professional life appropriate and stable?
- Does the applicant exhibit qualities of open-mindedness, flexibility, and emotional stability?
- Does the applicant have experience working with youth?
- Did applicant’s references speak well of him/her?
- Does applicant have appropriate age-related interests/ability?

**Overall Comments:**

**Recommendation to Approve:** Yes  No

**Rationale:**

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**Approval:**

Approved: Yes  No:

**By (Program Manager’s Signature):**

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**Date:**

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**By (President’s Signature):**

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**Date:** \_\_\_\_\_

**By (Alternate Signature Vice President's Signature):**

\_\_\_\_\_

**Date:** \_\_\_\_\_



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## **The Afro Canadian Caribbean Association Mentoring Program Mentor Contract**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**By choosing to participate in the Afro Canadian Caribbean Association Mentoring program, I agree to:**

- Follow all rules and guidelines as outlined by the program coordinator, mentor training, program policies, and this contract
- Be flexible and provide the necessary support and advice to help my mentee succeed
- Make a one-year commitment to being matched with my mentee
- Meet at least six to eight hours per month with my mentee
- Make at least weekly contact with my mentee
- Obtain parent/guardian permission for all meeting times at least three days in advance, whenever possible
- Be on time for scheduled meetings or call my mentee at least 24 hours beforehand if I am unable to make a meeting
- Submit monthly meeting times and activities to the Program Coordinator, and regularly and openly communicate with the Program Coordinator as requested
- Inform the Program Coordinator of any difficulties or areas of concern that may arise in the relationship
- Keep any information that my mentee tells me confidential except as may cause him/her or others harm
- Always obey traffic laws when in the company of my mentee and keep a copy of his/her health card in the automobile at all times when traveling together
- Never be in the presence of my mentee when I have or am consuming alcohol, tobacco, or controlled substances
- Participate in a closure process when that time comes



- Notify the Program Coordinator if I have any changes in address, phone number or employment status
- Attend in-service mentor training sessions twice per year

\_\_\_\_\_ (please initial) I understand that upon match closure, future contact with my mentee is beyond the scope of the Afro Canadian Caribbean Association Mentorship Program and may happen only by the mutual consensus of the mentor, the mentee, and parent/guardian.

I agree to follow all the above regulations of this program as well as any other conditions as instructed by the Program Coordinator at this time or in the future.

Mentor's Signature \_\_\_\_\_ Dated: \_\_\_\_\_

Program Manager's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_