





CAMP MARIPOSA® 2018 MENTOR APPLICATION PACKET



Dates

- □ February 9- 11, 2018
- □ April 6 8, 2018
- □ May 18-20, 2018
- □ August 24-26, 2018
- □ October 12-14, 2018
- □ December 7-9, 2018

MENTOR APPLICATION

Thank you for your interest in the Camp Mariposa program! Camp Mariposa is a mentoring and support program for youth ages 9-12 who have been impacted by the substance abuse of a family member.

Camp Mariposa is a yearlong program with weekend camps held every other month. In addition, there are activities for the youth in the months in between the camp sessions. Camp Mariposa follows a group and peer mentoring model, meaning that all activities are held with other youth and mentors present at all times. All youth as well as mentors make a one-year commitment to participate in the Camp Mariposa program. We ask that all mentors commit to attending between four and six weekends over the course of the year as well as majority of the other program activities during the year.

APPLICANT PREREQUISITES

- The applicant MUST be 18 years of age or older.
- The applicant MUST make a one-year commitment to attend at least four weekends over the course of the year as well as majority of the other program activities
- The applicant MUST pass a criminal background check

APPLICATION PROCESS

- Submit an application
- Complete Screening and Criminal Background Check
- Provide at least two references and participate in a phone/in-person interview
- Attend and participate in a 3 hour training prior to attending your first camp weekend

Please	mark an X acknowledging that you have read and understand the commitment to become a mentor
	I understand that Camp Mariposa program follows a group and peer-based mentoring model.
	I understand and meet the applicant prerequisite requirements.
	I understand that I must complete the application and screening process for consideration to be a mentor.

Applicant Information

Last Name:		First:	MI:				
Nickname (if any)			<u> </u>				
Gender:		Date of Birth:					
Street Address:		Ap	artment/Unit #:				
City:	Stat	e:Zip:	<u></u>				
Home Phone:		Cell Phone:					
Email:		Preferred Method of	Contact?				
Race/Ethnicity							
□ African-American	□ Asian	□ Caucasian	☐ Hispanic/Latino				
□ Native American	☐ Pacific Islander	□ Multi-Racial	□ Other				
	Full-time Part-T npany do you work for	ime Retired and what is your title?					
	u attend and what is yo						
Highest Level of educa	tion you have complet	ed:					
Camp Mariposa Location	on:						
How did you hear about the Camp Mariposa Program?							
Briefly, why do you wa	nt to be a mentor with	n the Camp Mariposa P	rogram?				

Do you have any previous experience with	youth who are at risk? \square yes \square no
If yes, please provide a brief description of	your experience.
Do you have any personal or professional e impacted by substance abuse or addiction?	experience working with adults/youth/families
Any special skills we should know about?	
Have you ever been convicted of a crime? If yes, please explain below	∟ yes ∟ no
Have you ever been interviewed by Child Pi	rotective Services (CPS)? ves no
If yes, please explain below	
	on this form is factual and complete. I give my release from liability any person and/or this
•	ny such information in making decisions regarding my
Signature	Date

References

Camp Mariposa requires at least two references for all mentors. One of the references must be a professional reference. Please feel free to provide any additional references to help us ensure the completion your application in a timely manner.

Name of Applicant:		
Name of Reference:		-
Relationship to the applicant?	Years Known?	
Telephone Number:	E-mail address:	
Address:		
Preferred method and time to contact?		_
Name of Reference:		-
Relationship to the applicant?	Years Known?	
Telephone Number:	E-mail address:	
Address:		
Preferred method and time to contact?		_
Name of Reference:		-
Relationship to the applicant?		
Telephone Number:	E-mail address:	
Address:		
		_
Name of Reference:		-
Relationship to the applicant?	Years Known?	
Telephone Number:	E-mail address:	
Address:		
Preferred method and time to contact?		