

SEEDS OF HOPE MENTORING PROGRAM

Homeless is not Hopeless

Mentor Job Description

The Seeds of Hope Mentoring Program of Ross County helps to empower individuals in our community to make positive life choices that enable them to maximize their potential. The mentoring program uses adult volunteers to commit to supporting, guiding, and being a friend to a homeless or at-risk adult for a period of at least one year. By becoming part of the social network of adults and community members who care about the homeless population, the mentor can help develop and reach positive academic, career, and personal goals.

Mentor Role

- Take the lead in supporting an individual through an ongoing, one-to-one relationship
- Serve as a positive role model
- Build the relationship by planning and participating in activities together
- Strive for mutual respect
- Build self-esteem and motivation
- Help set goals and work toward accomplishing them

Time Commitment

- Make a one-year commitment
- Spend a minimum of eight hours per month one-to-one with a mentee
- Communicate with the mentee weekly
- Attend an initial two-three hour training session and communicate with the program supervisor when in an active mentoring relationship once a month
- Attend optional mentor/mentee group events, mentor support groups, and program recognition events

Participation Requirements

- Be at least 21 years old
- Reside in the Ross County Area
- Be interested in working with homeless people
- Be willing to adhere to all program policies and procedures
- Be willing to complete the application and screening process
- Be dependable and consistent in meeting the time commitments
- Attend mentor training sessions as prescribed
- Be willing to communicate regularly with program supervisor, submit activity information, and take constructive feedback regarding mentoring activities
- Have completed a satisfactory criminal background check
- Not use illicit drugs
- Not use alcohol or controlled substances in an inappropriate manner
- Not be currently in treatment for substance abuse and have a non-addictive period of at least five years
- Not be currently in treatment for a mental disorder or hospitalized for such in the past three years

Desirable Qualities

- Willing listener
- Encouraging and supportive
- Patient and flexible
- Tolerant and respectful of individual differences

Application and Screening Process

- Written application
- Criminal background check
- Personal interview
- Provide two personal references or provide referral agency confirmation
- Attend two hour mentor training

For more information, visit our website at seedsofhopeohio.com, contact Seeds of Hope Inc. at (740) 774-1200 or send an e-mail to seedsofhopeohio@gmail.com

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Mentor Application

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Social Sec. #: _____

Date of Birth ___/___/___ Gender: Male Female

Please list all members of your household:

Name Sex Age Relationship to Applicant

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.

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Application Questions

Please answer all of 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. What qualities, skills, or other attributes do you feel you have that would benefit a mentee? Please explain.

3. Can you commit to participate in the SOH mentoring program for a minimum of one year from the time you are matched?
4. Are you available to meet/talk with a mentee eight hours per month and have contact at least once per week? Please explain any particular scheduling issues.

5. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.

6. How would you describe yourself as a person?

7. How would your friends, family, and co-workers describe you?
8. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
9. Have you ever used illegal drugs? If so, what substances were used and how often?
10. Are you currently using any illegal drugs or controlled substances?
11. Do you drink alcoholic beverages? If so, what and how often?
12. Have you ever been convicted of a DUI, drinking while under the influence of alcohol? If yes, when and what were the circumstances?
13. Do you use tobacco products? If so, what and how often?
14. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
15. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
16. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.
17. Are you willing to communicate regularly and openly with the program supervisor, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?
18. Are you willing to attend an initial mentor training session?

Please read this carefully before signing:

SOH Mentoring Program appreciates your interest in becoming a mentor.

Please initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that SOH Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow SOH Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license
- Information Release Form
- At least 2 Personal References or Referral Agency confirmation
- Interest Survey Form
- Criminal Background Check completed

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature

Date

