

FOCUS MENTOR APPLICATION

Name: _____

Birth date: _____

Address: _____

Telephone: hm _____ cell _____

Email address: _____

Education: _____

Occupation: _____ retired _____

Married?: yes divorced no

Children: yes no

Do you have a current driver's license: yes no a vehicle: yes no

I understand that a background check will be necessary. Please initial here _____

1. Have you ever been in jail or prison? This does not necessarily exclude you from mentorship. Write a short description, including the offense and how you would characterize this experience. _____

2. Experience in the following fields may be considered pertinent to mentoring

Previous mentorship

Counseling

 Therapy, professional

 Ministry

Group work

Spiritual practice

 personal

 leader

Other: (such as parenting) _____

Explain how this experience prepares you for mentoring offenders. _____

3. Explain why you have chosen to work with offenders. _____

4. A 17 hour initial training (5 sessions), including an orientation at the jail, is required. There is also a 2 hr mandatory workshop on the 2nd week of each month, 6:30-8:30 pm, dinner provided. Are you willing to participate? yes no

5. The mentor commitment is 2-3 hours per week, hours flexible, meeting with your mentee, for the minimum of 1 year. This time will span the offender's incarceration and release. Probationer matches are also a minimum of 1 year.

As a mentor you are also asked, if possible, to attend court hearings, and to be available at critical times, such as the day of release. Your support is invaluable to mentee success at these destabilizing junctures. If you are unavailable at any particular time another staff member will fill in.

Describe any restrictions on your availability. _____

6. There are a number of FOCUS guidelines which are in place for your security, regarding personal involvement with offenders. You will be asked to sign an agreement to abide by these once a match is made.

7. Focus carries insurance on all mentors for their volunteer activities time, including auto insurance. You will be asked to fill out an insurance form, and provide a copy of your driver's license and personal car insurance.

Signature _____ Date _____

Please use more space for any questions either below or on the back of the form.
You may fax, email or mail this form to:

FOCUS
3700 Baseline Road
Boulder, CO 80303

720-304-6446 • Email: info@focusreentry.org • Fax: 720-304-6556