



## **Mentor Application**

This application will help Walk With Sally know more about you *and* your interests. In turn, this will help us *best* match your interests with a child (mentee).

Upon completion of this application, please return it to the Program Director at 23133 Hawthorne Blvd. Ste B15, Torrance, CA 90505.

## **Mentor Job Description**

The Walk With Sally mentoring program provides mentors to children of parents or siblings with cancer – one child at a time, one heart at a time. This is accomplished by creating and facilitating “*Friendships*” between children of parents with cancer and caring adult volunteers that are able to commit for at least one year. By becoming part of the mentor community of Walk With Sally, you can help children (between the ages of 7-17) combat feelings of aloneness, anxiety, confusion and the sense of hopelessness caused by the experience of coping with the cancer of a parent/sibling. To this end, the mentor’s goal is to help the mentee develop and reach a positive future outlook as well as achieve academic, career, and personal goals.

### **Mentor Role**

- Take the lead in supporting a young person through an ongoing, one-to-one relationship
- Serve as a positive role model and friend
- 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**

- A one-year commitment
- Spend a minimum of six-eight hours per month one-to-one with a mentee

- Communicate with the mentee weekly
- Attend an initial training session
- Attend quarterly mentor enrichment support groups
- Optional – attend program recognition events and/or group events

### **Participation Requirements**

- Experienced at least one of the following:
  - Lived with a parent or sibling with cancer (as an adult or child)
  - Lost a parent or sibling to cancer (as an adult or child)
  - Be a cancer survivor (as an adult or child)
- Be at least 18 years old
- Be interested in working with children or young adults
- 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 staff, submit activity information, and take constructive feedback regarding mentoring activities
- Have access to an automobile, auto insurance, and a good driving record
- Have a clean criminal history
- 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 and active listener
- Compassionate heart
- Encouraging and supportive
- Patient and flexible
- Tolerant and respectful of individual AND cultural differences

### **Benefits**

- Personal fulfillment through contribution to community and individual
- Satisfaction in helping someone mature, progress, and achieve goals
- Training sessions and group activities
- Participation in a mentor support group
- Mileage and expenses are tax deductible
- Personal ongoing support, supervision to help the match succeed
- Mentee/mentor group activities, complimentary tickets to community events, participant recognition events

### **Application and Screening Process**

- Written application

- Driving record check
- Criminal history check: state, child abuse and neglect registry, sexual offender registry
- Personal interview(s)
- Provide three personal references
- Attend an initial mentor training



Walk With Sally  
...one child at a time

## Mentor Application

### Personal Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Social Sec. #:* \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female

Referred by: \_\_\_\_\_

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: \_\_\_\_\_





11. Have you ever used illegal drugs? If so, what substances were used and how often?

12. Are you currently using any illegal drugs or controlled substances?

13. Do you drink alcoholic beverages? If so, what and how often?

14. Have you ever been convicted of a DUI, drinking while under the influence of alcohol? If yes, when and what were the circumstances?

15. Do you use tobacco products? If so, what and how often?

16. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.

17. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.

18. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.

19. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.

20. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?

21. Are you willing to attend an initial mentor training session and two in-service training sessions per year after being matched?

22. Are you willing to attend an mentor enrichment support group once every quarter?

**Please read this carefully before signing:**

Walk With Sally 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 Walk With Sally is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_ (optional) I agree to allow Walk With Sally 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 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 and proof of auto insurance***
- ***Information Release Form***
- ***Personal References Form***
- ***Interest Survey Form***

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Walk With Sally**  
*One Child at a Time*

**Information Release**

I, \_\_\_\_\_, understand it will be necessary for Walk With Sally to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize Walk With Sally to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I give permission for Walk With Sally to conduct the same investigation of my background nationwide, including in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other standard information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

\_\_\_\_\_  
Signature  
Date

Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

Please list any other cities, states, and dates of residency during the past 10 years.

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ From (m/year) \_\_\_\_\_  
To (m/year)

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ From (m/year) \_\_\_\_\_  
To (m/year)

\_\_\_\_\_  
City To (m/year) \_\_\_\_\_ State \_\_\_\_\_ From (m/year)

\_\_\_\_\_  
City To (m/year) \_\_\_\_\_ State \_\_\_\_\_ From (m/year)

**WALK WITH SALLY**  
*One Child at a Time*

**Personal References**

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least 2 years). Include at least one relative. Any information Walk With Sally gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

**WALK WITH SALLY**  
*One Child at a Time*

**Mentor Interest Survey**

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

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

*Weekdays:* \_\_\_ *Lunchtime:* \_\_\_ *After work:* \_\_\_ *Evenings:* \_\_\_

*Weekends: Saturday or Sunday*     *Both*

*Other:* \_\_\_

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

Age : \_\_\_7-10 \_\_\_11-16 \_\_\_17-20            Ethnicity: \_\_\_\_\_

Do you speak any languages other than English? If so, which languages?

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with. \_\_\_\_\_

What are some favorite things you like to do with other people?

What are your favorite subjects to read about?

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

What is one goal you have set for the future?

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

What person do you most admire and why?

Describe your ideal Saturday or day of rest.

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of ***strong interest*** to you.