



MENTOR APPLICATION

Application Information

Full name: _____ Date: _____
Last First M.I.

Address: _____ Phone: _____
Street address Apt./Unit #

_____ Email: _____
City State Zip Code

Date of Birth: _____ Age: _____ Gender: _____

Ethnicity: Greatest % _____

Preferred Method of Contact: Phone Email

Children: Yes No

CWS Involvement: Yes No If yes, when? _____

Have you ever been justice involved? Yes No If yes, explain? _____

Education

High school: _____ State: _____

From: _____ To: _____ Highest Grade Completed _____ Diploma: _____

College: _____ State _____

From: _____ To: _____ Highest Grade Completed _____ Degree: _____

Other: _____ State _____

From: _____ To: _____ Highest Grade Completed _____ Degree: _____

References

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Current/Previous Employment

Company: _____ Phone: _____

State: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

Motivation & Readiness

What inspired you to become a peer mentor?

How long have you been in recovery or personal stability (if applicable)?

What strengths do you bring to this role?

Experience

Have you mentored or supported others before?

Yes No

If yes, please describe:

Which population do you feel comfortable working with? (Check all that apply)

Justice-involved individuals

Individuals in early recovery

Individuals experiencing homelessness

Mothers/Families

No preference

Other: _____

Are you able to provide transportation if needed?

Yes No Sometimes

Communication & Support

How would you describe your communication style?

How comfortable are you asking program staff for support when needed?

Very comfortable Somewhat comfortable Not comfortable

Self-Care & Growth

What do you do to manage stress or maintain your wellness?

What training or support would you like as a mentor?

Communication skills

Boundaries

Trauma-informed care

Crisis response

Cultural awareness

Other: _____

Matching Information

Hobbies or interests and/or Clubs:

Anything else you would like us to know when matching you with a mentee?

Current/Past Relation Justice Involvement

Are you related to, have a relationship with, or know a person that is/has been incarcerated?

If yes, where?

Disclaimer and signature

I acknowledge that the Going Home Hawaii Peer Mentoring Program reserves the right to accept or reject my application without providing a reason for their decision. By signing below, I confirm that all information provided on this application and any supporting documents is truthful and accurate to the best of my knowledge.

Signature: _____

Date: _____