***Leading…*** ![treasure-map[1]]() ***…Find your Passion Find your Purpose!***

M A P

“Mentoring Action Program” Application Form

The BreakAway

In Memory of Nicole

1514 Spring St. New Albany In. 47129

Program Chair

Anna Weisbach 502-599-0864

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (please print)

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ Zip Code:\_\_\_\_\_

Phone: (Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently in recovery ?\_\_\_\_\_\_\_\_\_\_\_\_ If so, how long have you been sober? \_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to commit to mentoring 2 -4 days per month as long as the resident resides

at the BreakAway (The program is for six months)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If necessary, are you willing to help with special financial needs (less than $50 per month)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us about yourself, interests, hobbies, volunteerism, your family, special skills, work experience and anything else you think might be an asset in working with women in recovery.

How would you describe yourself?

What are your hopes for being a mentor? Why do you wish to become a mentor?

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Terms of Mentorship/Volunteering

1. Attend a one-hour orientation session, in which Mentor will be given a copy of the Resident Admission Handbook, which we will go over for questions, concerns. We will also offer and discuss ideas that will prepare you to work as mentor/volunteer, and provide ideas and activities.
2. Attend all Mentor meetings as scheduled by Chair, this could be by email or in person.
3. Attend all Mentoring trainings as scheduled by the Chair.

Thank you so much for volunteering to help women in recovery. We greatly appreciate your interest in helping us further our goal of making the BreakAway House a successful program.

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality Statement**

It is important to understand the confidential nature of the services provided by

The BreakAway.

 In normal course of my volunteer/mentor assignment and responsibilities, I understand that I may have access to information regarding clients and employees. With regard to all such information, I agree to observe the Agency’s strict standard of confidentiality. I further agree that knowledge and information of a confidential nature, gained through my involvement with the Agency may not be used, distributed or discussed outside of my volunteer responsibilities.

 I hereby attest that I have read this Confidentiality Statement and agree that my continued mentor/volunteer service is contingent upon strict adherence to same.

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

PLEASE SUBMIT APPLICATION TO:

Aweisbach16@gmail.com

Or in person , contact me Anna Weisbach at 502-599-0864