



CAMP MARIPOSA®

2019 MENTOR APPLICATION PACKET



Camp Mariposa Location

Chicago

Dayton, OH

Eastern Kentucky

Los Angeles

Nashua, NH

New Orleans

Philadelphia

San Diego

Sarasota/Manatee

Seattle/Everett

South Bend

St. Petersburg

West Virginia

Mentor Application

Thank you for your interest in the Camp Mariposa program! Camp Mariposa is a mentoring and support program for youth ages 9-12 who have been impacted by the substance use of a family member.

Camp Mariposa is a yearlong program with weekend camps held four to six times each year. Camp Mariposa follows a group and peer mentoring model, meaning that all activities are held with other youth and mentors present at all times. All youth and mentors make a one-year commitment to participate in the Camp Mariposa program.

Applicant Requirements

- ✓ The applicant **MUST** be 18 years of age or older.
- ✓ The applicant is **required** pass a criminal background check.
- ✓ The applicant is **required** to make a one-year commitment to attend at least three weekends over the course of the year.

Screening Process

1. Submit an application.
2. Complete Screening and Criminal Background Check.
3. Provide at least two references and participate in a phone/in-person interview.
4. Attend and participate in a 3-hour training prior to attending your first camp weekend.

Commitment

Please mark an X acknowledging that you have read and understand the commitment to become a mentor.

I understand that Camp Mariposa program follows a group and peer-based mentoring model.

I understand and meet the applicant prerequisite requirements.

I understand that I must complete the application and screening process for consideration to be a mentor.

Applicant Information

First Name: _____ **Last:** _____ **MI:** _____

Preferred/Nickname (if any): _____

Age: _____ **Date of Birth (mm/dd/yy):** _____ **Gender:** Male Female Other

Street Address: _____ **Apartment/Unit #:** _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

Preferred method of contact: Email Phone **Time of Day:** _____

Race/Ethnicity: African American Asian Caucasian Hispanic/Latino
Multi-Racial Native American Pacific Islander Other

What is current employment status? Full-Time Part-Time Retired

If employed:

Company Name: _____

Job Title: _____

Are you currently enrolled in school? Yes No

If in school:

Name of School: _____

Major or Program: _____

Highest level of education completed: _____

What languages (other than English) do you speak? _____

I have served or a close family member has served in the military (past or present): Yes No

If Yes, please indicate all branches that you and/your family has an affiliation with:

Army Navy Marine Corps Air Force Coast Guard

How did you hear about Camp Mariposa? _____

Briefly, why do you want to be a mentor with the Camp Mariposa Program?

Are there any conflicts or constraints that might make it challenging for you to participate in the program?

Please describe any previous experience you have had with at-risk youth:

Do you have any personal or professional experience working with adults/youth/families impacted by a substance use disorder or addiction? Yes No

Please list any special skills you would like us to know about:

Have you ever been convicted of a crime? Yes No

If yes, please explain:

Have you ever been investigated by Child Protective Services (CPS)? Yes No

If yes, please explain:

I hereby certify that the information given on this form is factual and complete. I give my permission for any necessary verification. I release from liability any person and/or this organization giving, receiving, or utilizing any such information in making decisions regarding my application to volunteer.

Applicant Signature:

Date(mm/dd/yy):

References

Camp Mariposa requires at least two references for all mentors. One of the references must be a professional reference. Please feel free to provide any additional references to help us ensure the completion of your application in a timely manner.

Name of Applicant:

Name of Reference:

Relationship to applicant:

Years known:

Street Address:

Apartment/Unit #:

City:

State:

Zip:

Phone Number:

Email Address:

Preferred method of contact:

Email

Phone

Time of Day:

Name of Reference:

Relationship to applicant:

Years known:

Street Address:

Apartment/Unit #:

City:

State:

Zip:

Phone Number:

Email Address:

Preferred method of contact:

Email

Phone

Time of Day:

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Years known:

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Apartment/Unit #:

City:

State:

Zip:

Phone Number:

Email Address:

Preferred method of contact:

Email

Phone

Time of Day: