

# Family Partnership Grand Traverse

## Mentor Application

Please print clearly

### **Tell us who you are**

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Full Name

Date of birth

Sex (M/F)

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Address

City

State

Zip

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Home Phone

Cell Phone

Other Number

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Email Address

**Why are you interested in becoming a Mentor to a low-income family/individual?**

**What do you want to accomplish as a Mentor?**

**How do you think you would react to a family/individual whose life style is quite different from your own?**

**What skills, life experiences, hobbies, etc. do you bring to mentoring?**

**Please indicate experience with any of these programs:** *Women's Resource Center, Third Level, Stephen Ministry (or similar), Habitat for Humanity, Empathy Training, Safe Harbor (or other homeless program), Goodwill, Salvation Army, Father Fred's, other social service agencies.*

**Please prayerfully consider and answer the following questions:**

1. Are you a good listener? \_\_\_\_\_
2. Can you accept ideas and perspectives different from your own? \_\_\_\_\_
3. What kinds of things would you not be able to tolerate/accept (example: to meet in a house filled with cats, persistent use of foul language, a home that allows smoking indoors...)
4. Can you comply with the FPGT Core Principles listed at the end of this application? \_\_\_\_\_
5. How much time could you devote monthly to mentoring? \_\_\_\_\_ Hrs. Weekly? \_\_\_\_\_ Hrs.
6. Can you participate in the initial training session, regularly attend the mentor support meetings and agree to further training as requested/suggested to enhance your education on poverty?
7. Can you commit to six months of working with an individual? \_\_\_\_\_

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8. Would you consider continuing beyond that if the relationship appears to be working well?

\_\_\_\_\_

9. Please indicate, as best you can, your available times and days to meet each week:

10. Have you ever been convicted of a crime? Y N

If yes, please explain:

Additional Comments/Questions:

**Please provide us with three references including names, phone number, and e-mail address (listing them here gives us permission to contact them):**

1.

2.

3.

**Please note that applying to become a mentor does not automatically indicate acceptance by the family partnership program. A clearance check, a face to face interview, and attendance at our training class are required.**

\_\_\_\_\_  
Signature of Mentor Applicant

\_\_\_\_\_  
Date

Please fill out and Return to: Family Partnership, 521 S. Union St., Traverse City, MI 49684  
Fax: 231-947-3201 or email: familypartnership@live.com

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