



## CAMP MARIPOSA®

### 2020 MENTOR APPLICATION PACKET



### Camp Mariposa Location

Chicago

Dayton

Everett/Seattle

Kentucky

Nashua

New Orleans

Philadelphia

San Diego

Sarasota

South Bend

St. Petersburg

SW Washington

West Virginia

West Virginia (Panhandle)

Other:

# 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 affected by the substance use of a family member.**

Camp Mariposa is a yearlong program. The program includes weekend camps held six times a year and additional activities for campers, alumni and their families in the months between camp weekends. 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 program.**  
**Mentors must attend additional activities and at least four camp weekends each year.**

## 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 four camp weekends a year and additional activities.

## Screening Process

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2. [Illegible]
3. [Illegible]
4. [Illegible] is of training each year

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

I understand and meet the applicant 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 Contact Method:** Email Phone **Time of Day:** \_\_\_\_\_

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

**What is your 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:**

Air Force Army Coast Guard Navy Marine Corps

**If yes, please indicate the status:** Active Reserve Retired/Veteran

**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 become a mentor.***

**Applicant Signature:**

**Date(mm/dd/yy):**



# References

Camp Mariposa requires at least two references for all applicants. 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:

Name of Reference:

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Years known:

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State:

Zip:

Phone Number:

Email Address:

Preferred method of contact:

Email

Phone

Time of Day: