

Access Living's Peer-To-Peer Youth Mentoring Project Application Form

Applicant Information

First Name/Last Name:		Current Age:
Date of Birth:	Home Phone (v/tty):	Alternate Phone (v/tty):
What is the best time to call you? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening (please check one)		
Permanent Address:		
City/State/Zip Code:		
E-mail address:	Social Security Number:	

Demographic Information

We value diversity of all kinds and are asking the following questions to ensure a diverse group of participants.
You will not be excluded from participation on the basis of any of your responses.

Disability (required):	Race/Ethnicity (optional):
Gender (optional): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other (please check one)	Please state your primary language (optional):
	Religious/Faith Affiliation (optional):
Sexual Preference (optional): <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bi-Sexual <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Queer <input type="checkbox"/> Straight	

Transportation

How do you plan on getting to/from the trainings?

- I am a registered Chicago Disability Transit (CDT) user.
- I use mainline/public transportation.
- My parent/guardian will drive me.
- I will drive myself (please fill out the section below).
- Other (please state):

If you will be driving yourself, please fill out the following vehicle insurance verification:

I verify that I currently carry the minimal vehicle insurance coverage as required by Illinois State Law. I further understand that Access Living recommends independent travel to and from any meetings or social gatherings arranged between my youth mentee and myself.

Applicant's Name (print)

Applicant's Signature

Name of Insurance Company

Today's Date

School/Work Information

Name of School and/or Current Employer:

Name of Contact Person at School/Work:

Contact's Telephone Number (v/tty):

Educational Level (please check one):

- 9th grade or lower
 10th grade
 11th grade
 12th grade
- Some high school but no diploma
 Certificate of Completion – High School
 High school graduate-Diploma or GED
 Some college but no degree
 Associate degree – Occupational/Vocational Program
 Associate degree – Academic Program
 Bachelor's degree

Employment Status (please check one):

- Never worked
 Not currently working
 Currently working

Emergency Contact Information

Please list one person who should be contacted in the event of an emergency.

First Name/Last Name:

Address:

City/State/Zip Code:

Daytime Phone (v/tty):

Evening Phone (v/tty):

Alternate Phone (v/tty):

Relationship to You (i.e. mother, father, guardian):

Reasonable Accommodations for Your Disability

What accommodations do you need to participate in the Peer-to-Peer Youth Mentoring trainings (ex: ASL interpreter, materials in alternative formats, personal care assistant, etc)?

References

Please list two references (ex: past employer, school teacher, friend, pastor, rabbi, etc)
that can recommend you for this program. He or she CANNOT be a family member!

REFERENCE #1

First Name/Last Name:

Address:

City/State/Zip Code:

Daytime Phone (v/tty):

Relationship to You (i.e. teacher, employer):

How long have you known this person?

REFERENCE #2

First Name/Last Name:

Address:

City/State/Zip Code:

Daytime Phone (v/tty):

Relationship to You (i.e. teacher, employer):

How long have you known this person?

Other Information

Are you a graduate of Access Living's Y.I.E.L.D Project (intro youth leadership/organizing training)?

Yes No

What are your main interests/hobbies?

Essay Questions

If you need to attach additional sheets of paper, please feel free to do so. Also, if writing or typing is difficult for you, we encourage you to audiotape or videotape your answers, or call us with other accommodation requests.

1. What is a mentor?

2. Why do you want to be a mentor?

3. Who in your life has been a mentor to you either formally or informally and what impact, if any, has that made on your life?

4. If you have not had an experience with being mentored, who do you consider a role model and why?

5. Do you have goals of either advancing your education and then establishing a career or getting a job?

6. How do you feel about your disability?

7. Is there a disability rights issue that is important to you and if so what is it and why?

Declaration of Commitment by Applicant

If I am hired as a youth mentor at the end of the training, I understand I will be held to the following rules, responsibilities, and observances of the Peer-to-Peer Youth Mentoring Project:

- I will commit to spending at least 8 months in consistent contact with my youth mentee. This includes contact by phone, e-mail, and at least 2 in person contacts per month;
- I will observe all conduct policies and guidelines as instructed both verbally and in writing from Access Living;
- I will discuss violations of such policies when committed by my youth mentee. Repeated offenses will be reported to Peer-to-Peer Program staff for guidance;
- I will communicate with my youth mentee about what they hope to get out of this relationship and work on achieving those goals;
- I will share occasional informal and fun activities with my youth mentee that will be decided upon together;
- I will report any potentially life threatening actions or inactions proposed by my youth mentee. Otherwise, it is vitally important that Mentors maintain confidentiality at all times;
- I understand that if chosen for a short-term paid internship, I can and will commit my time and efforts to this project as outlined above.

Signature of Applicant

Date

Please mail, fax, or e-mail your completed application no later than Friday, February 20, 2004 to:

Access Living of Metropolitan Chicago
Peer Mentoring Project Selection Committee
ATTN: Amy Selders
614 West Roosevelt Road
Chicago, IL 60607
312-253-7001 (fax)
amcwilliams@accessliving.org