



Operation Transformation Mentoring Program Mentee Application Form

Name: _____ Date: _____

Address: _____

Phone # _____ County: _____ City: _____

(You must be a resident of St. Clair County to participate in this program.)

Are you in jail now? Yes No Release Date: _____

Referred by: _____

Are you interested in a mentor? Yes No Not Sure

Do you attend a church in the community? Yes No

Would you like your mentor to be from that church if possible? Yes No Doesn't Matter

What life skills will be important for you to develop or improve on in order for you to be successful?

- _____ I need to gain/maintain control over alcohol/drug addiction.
- _____ I need to learn and practice appropriate methods of anger management.
- _____ I need to develop a stronger and healthier relationship with my spouse.
- _____ I need to grow as a parent and learn more effective parenting techniques.
- _____ I need to learn to manage money and develop a financial plan for the future.
- _____ I need to become a better reader.
- _____ I need to develop better communication skills.
- _____ I need to develop better job skills (Interviewing, Maintaining Employment).
- _____ I need assistance reconnecting to my spiritual roots.

What do you hope to gain from the mentoring relationship?

List anything else your mentor needs to know to work with you effectively.

Your mentor will be informed of your responses and will seek to aid you in the development of these life skills.

I hereby grant permission for the Operation Transformation Mentoring Program to make contact with me once I am back in the community. I also give Operation Transformation permission to obtain and share any needed information about me. Further, I understand that my information will be shared with prospective mentor(s) to aid in determining a suitable match. Once the mentoring relationship is in process, I authorize Operation Transformation to share information regarding me for the purpose of reporting on the progress of the mentoring program.

I fully understand and agree to assume all risks involved during the course of my participation in the Operation Transformation mentoring program. I agree to hold Operation Transformation and its representatives harmless for any injury(s), loss or damages which might be sustained during the course of my participation in the mentoring program. This waiver does include myself, all of my family members and descendants from seeking any legal action whatsoever against Operation Transformation or any representatives thereof.

Signature

Date