



Safe Harbor Project Mentoring Application

Background Information:

Youth mentoring programs have had a profound effect on the quality of life for disadvantaged, single-parent or otherwise 'at-risk' identified children all over the country and around the world. Nationally, the well-known mentoring program, Big Brothers/Big Sisters, found that mentored children were significantly *less* likely than their peers to use illegal drugs or alcohol, skip school or be welfare dependant as adults. In addition, these children were significantly *more* likely to graduate from high school and from a college or university.

Connecticut results are similarly positive: One survey of caseload files of children in mentoring relationships found that 77% improved school grades; 63 % improved school behavior; 93% stayed free of drugs or alcohol or both and 96% stayed out of gangs! These are impressive results! Clearly, mentoring makes a difference!

The Safe Harbor Project Mentoring Program seeks to expand the quality of life benefits of mentoring to an additional group of at-risk youth – Lesbian, gay, bisexual and transgender (LGBT) youth. LGBT youth meet all of the requirements for inclusion in an "at risk" or "high risk" category. All too often, youth who are (or who are perceived to be) LGBT are met with harassment and violence at home, at school, and in the community at large. The social isolation and stigma attached to sexual minority status leads to significantly higher rates of substance abuse, suicide attempts and completions; truancy; school drop-outs; running away and homelessness. For a variety of reasons, existing programs – virtually without exception – overlook or ignore the needs of LGBT adolescents. Understanding the issues that these young people face can create an environment where they can benefit from the adult caring and support that is at the heart of mentoring.

Minimum Mentor Requirements:

- ✍ Desire to make a profound difference in the life of a young person
- ✍ Willingness to spend 1-3 hours a week with one's mentee, a minimum of three times a month for one year.
- ✍ The ability to pass a criminal, child welfare, and motor vehicle background check
- ✍ Successful completion of initial interview, reference check and (2) 3 hour preliminary training sessions
- ✍ Willingness to participate in monthly group mentor/mentee activities (one evening a month) as well as quarterly on-going training sessions

Application (Please Print):

Legal Name: _____

Name you prefer to be called: _____

Home Address: _____
Street/Apt. City Zip

If applicable, where do you work: _____

Work Address: _____
Street/Apt. City Zip

Contact Information: Daytime Phone: _____

Evening Phone: _____

Email (if applicable): _____

Demographic information: (to be used if applicable for mentor/mentee match.) This section is completely voluntary. You do not need to provide this information if you don't wish to. If you choose to fill it out, please use the terminology that is most comfortable for you. One of our goals in creating this mentoring program is to ensure that mentees are able to bring all of their 'social identities' to the mentoring relationship. Some youth may wish to have a mentor with similar racial, ethnic, language, orientation and gender background.

Race/Ethnicity/Culture: _____

Languages in which you are fluent: _____

Gender Identity: _____

Sexual Orientation: _____

Any Other Demographic information: _____

- 1) Why do you want to be a mentor? (Why do you specifically want to mentor an LGBT youth?)

- 2) What do you hope to gain personally from mentoring? What do you hope to offer as a mentor?

- 3) What was your own "coming out" process like? What impact did your coming out have your on life, your relationships with family and friends? What are your relationships with family and friends like now?

- 4) What concerns do you have about mentoring or your participation in the program?

Personal References: Please include name, address and phone number

- 1)

- 2)

- 3)

AUTHORIZATION FOR RELEASE OF INFORMATION

I submit the following information to assist True Colors, Inc. and its programs in performing background checks.

PLEASE PRINT CLEARLY IN INK

NAME: _____ **DATE OF BIRTH:** ____ / ____ / ____
Last First Middle

ADDRESS _____
Street City

_____ **How long at current address?** ____ YRS ____
MOS State Zip Code

DRIVERS LICENSE NO.: _____ **SOCIAL SECURITY NO.:** _____
(Note State if not CT: _____)

PREVIOUS ADDRESS (List all for the last five years – continue on reverse side of this form if necessary.)

ADDRESS: _____
Street City

State Zip Code **How long at this address?** ____ YRS ____ MOS

ADDRESS: _____
Street City

State Zip Code **How long at this address?** ____ YRS ____ MOS

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|--|-------------------------|
| OTHER NAMES I HAVE USED: (List Last Name, First Name, Middle Name) | _____ _____ _____ |
| NAME(S) OF SPOUSE(S): (List Last Name, First Name, Middle Name of current and former spouses) | _____ _____ _____ |
| NAME(S) OF CHILD(REN): (List Last Name, First Name, sex, and date of birth for each child presently or previously in your household) | _____ _____ _____ |

I release True Colors, Inc. from any liability for any damages I may incur which may result from the release or use of this information.

SIGNATURE: _____ DATE: _____

I AM OVER THE AGE OF 18.

