

Parent Mentor Application

Contact Information					
Name					
Street Address					
City		State		Zip Code	
Home Phone					
Cell Phone					
E-mail Address					
Place of Employment					

Household Members			
Name	Age	Relationship	Does this person have special needs?

Interest and Availability
Why do you want to be a parent mentor?
What days and times are you available?

Strengths

Tell us what strengths you will bring as a parent mentor?

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Special Skills or Qualifications

Summarize special skills, language skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies and sports.

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Family Information

Please tell us about all of your children. Please include their first name, age, grade, diagnosis, and /or any other challenges (including health care challenges such as surgeries, chronic illness etc. and any other challenges they face).

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List the most rewarding aspects of raising a child with special needs

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* Please provide two references, one of which is a professional (e.g. a Birth to Three provider or doctor) who has worked with you and your child.

Reference 1				
Name				
Street Address				
City		State		Zip Code
Home Phone				
Cell Phone				
E-mail Address				

Reference 2				
Name				
Street Address				
City		State		Zip Code
Home Phone				
Cell Phone				
E-mail Address				

Agreement and Signature	
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer parent mentor, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.	
Name (printed)	
Signature	
Date	

Our Policy
It is the policy of our organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in Family Connections, a parent mentor program of CPAC, Inc. For more information, visit our website www.cpacinc.org or contact us toll free at 1-800-445-2722