



Peer Mentor Application



Contact Information

Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
Type of Disability		
Date of Birth		Male / Female

Availability

During which hours are you available to do Peer Support? (Check all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Mornings Afternoons Evenings
 Months _____ Hours Per Week: ____

Will work with (check all that apply):

Men Women Youth Seniors

Areas of discomfort:

Interests

Tell us in which areas you would like to mentor:

Advocacy Housing Issues
 Assistive Technology Issues Healthcare Issues
 Benefits Issues Personal Care/Attendant Issues/Self Direction
 Disability Adjustment/Coping Employment/Volunteer Work Issues
 Independent Living Skills-Type:
 Other-Describe:

Are you interested in recruiting mentors or mentees? Yes____ No____

Transportation

Means of transportation: Private___ Public___

What is the furthest distance you are willing to travel?

Can you only meet at accessible locations? Yes___ No___

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Also list any trainings, credentials, or awards.

Previous Volunteer Experience

Summarize your previous volunteer or mentor experience.

Interest

Tell us why you want to be a Peer Mentor.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work 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 peer 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 this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. ATI will need to conduct a background check in order to be considered for the Peer Mentor position.

Thank you for completing this application form and for your interest in volunteering with us.

Access to Independence, Inc.

3810 Milwaukee Street

Madison, WI 53714

608-242-8484

800-362-9877

info@accesstoind.org

For ATI use only:

Background check complete: Yes ____ No ____

ACCESS TO INDEPENDENCE
CRIMINAL BACKGROUND CHECK FORM

Name_____

List any former names used:

Social Security #_____

Driver's License-State &
#_____

Date of Birth _____

List all residences in the last 5 years if outside of Wisconsin: Dates, City &
State

Do you have any criminal convictions since age 17 or older and any deferred
adjudications where the final disposition is still pending (i.e. the original
charge has not been dismissed)?

YES _____ NO _____

If yes, list year(s) of conviction(s) and nature of offense and penalty.

I hereby authorize ATI to do a criminal background check. I certify that the statements given on this form were made by me and are true, complete and correct to the best of my knowledge and belief. I understand that any false statements made herein may void my application for employment and any actions based on it.

Employee signature _____

Date _____

Peer Support Mentor Job Description

JOB SUMMARY

The peer mentor will work with a consumer of ATI to achieve his/her goals. The peer mentor will also provide emotional support and act as a role model while helping with independent living skills, self advocacy and disability adjustment.

DUTIES:

- Willing to share life experiences to aid/support.
- Act as a role model, sharing resources and assisting others to be independent.
- Provide emotional support to participants who are struggling with disability related issues.
- Teach specific independent living skills based upon personal knowledge and experience as agreed upon with consumer and independent living specialist.
- Meet once a month with ILS and consumer to provide updates on consumer's progress.
- Make at least two contacts per month by phone, email, or in person with the mentee. (Determined by plan)
- Keep records of mentoring activities (time spent, dates and content) using the communication log and report this monthly to the independent living specialist.
- Maintain confidentiality regarding meetings with the mentee.
- Provide or arrange own transportation.

QUALIFICATIONS

The ideal candidate will exhibit the following:

- Has a disability.
- Has successfully adjusted to independent living on their own
- Has a genuine concern for helping others with similar disabilities.
- Is willing to assist others to achieve their own independent living goals.
- Completes Peer Mentor Application.
- Completes Peer Mentor Training.
- Successfully complete a background check.

Signature _____ Date _____