

# MENTOR PROGRAM



Adult & Teen Challenge  
Northeastern Wisconsin

*Mentors will form a close one-on-one relationship with an individual client. We will pair mentors and clients based on mutual interests and preferences. Mentors meet with their clients and stay in touch via phone.*

## **OUR PROGRAM:**

- ✓ No prior knowledge or experience needed
- ✓ Be a role model
- ✓ Support & guide the client
- ✓ Four hour per month commitment



More information Or Questions:

**920-930-2444**

**[info@atcnew.com](mailto:info@atcnew.com)**



Adult & Teen Challenge  
Northeastern Wisconsin

## MENTOR APPLICATION

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(last) (first) (middle)

**Address:** \_\_\_\_\_  
(street address) (city) (state) (zip)

**Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_

**Position applied for:** \_\_\_\_\_ **Date you can start:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Have you submitted an application here before? When?** \_\_\_\_\_

\_\_\_\_\_

**Have you sought treatment for, or been arrested for any offense involving alcohol or illegal drug use in the last two years? Yes / No**

**If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

**Are you able to refrain from tobacco use during volunteer hours? Yes / No** *ATCNEW strictly prohibits all tobacco use during working hours, and at anytime within sight of ATCNEW property.*

**Have you ever been convicted of a criminal offense (not including traffic violations)? Yes / No**

**If yes, please list all convictions and an explanation. Answering yes will not necessarily exclude you from consideration.** \_\_\_\_\_

\_\_\_\_\_

**Are you a Christian? Yes / No** **If yes, what church do you attend?**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Pastor:** \_\_\_\_\_

# Authorization to Release Information

I understand that in processing my application with Adult & Teen Challenge Northeastern Wisconsin, an investigation may be made in which information is obtained through personal interviews, written requests, and a review of information held by employers, acquaintances, and law enforcement or other government agencies. I authorize you to verify my past employment and related data provided on this application or through the interview process. I further understand and waive my right of privacy in this investigation and release and hold harmless Adult & Teen Challenge Northeastern Wisconsin and its agents from any liability.

I understand that several consumer reports may be requested and may include information as to my character, work habits, credit, academic credential verification, job performance, experience, and reasons for termination. Further, I understand that you may be requesting information concerning my workers' compensation claims (post job offer), motor vehicle operations history and criminal history from various private and public sources along with other public records that are available.

**I HEREBY AUTHORIZE AND RELEASE FROM ALL LIABILITY, WITHOUT RESERVATION, Adult & Teen Challenge Northeastern Wisconsin PREMIER EMPLOMENT SCREENING SERVICES, OR OTHER AGENTS OF Adult & Teen Challenge Northeastern Wisconsin, AND ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE/FEDERAL AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER, EMPLOYEE, INSURANCE COMPANY OR PERSONS GATHERING OR FURNISHING THE ABOVE INFORMATION.**

According to the Fair Credit Reporting Act, I am entitled to know if employment will be and is ultimately denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be so advised by this employer and be given the name of the agency or source of information.

Print Name \_\_\_\_\_  
Maiden/Previous Name(s) \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_  
(For identification purposes only)

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

If the above address does not encompass 5 years, list the cities and states you have lived in for the past 5 years. \_\_\_\_\_

*I understand that a facsimile (fax) or photographic copy of this release will be as valid as the original.*

Applicant's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**PLEASE SIGN BELOW AFTER READING AND AGREEING TO FOLLOW THE GUIDELINES ON THE LAST PAGE.** I agree to abide by the Volunteer Guidelines while serving as a volunteer at Adult & Teen Challenge Northeastern Wisconsin. I understand that a substantial percentage of participants in the Adult & Teen Challenge Northeastern Wisconsin program have criminal backgrounds and that I assume all related risks in providing services to these individuals. I hereby release and discharge Adult & Teen Challenge Northeastern Wisconsin from liability with regard to any damages, losses or injuries sustained by me arising out of, or relating to my volunteering with Adult & Teen Challenge Northeastern Wisconsin. I also understand that I am freely entering into this volunteer arrangement and that I will receive no pay or benefits such as medical insurance or worker's compensation insurance in exchange for my volunteering.

Signed \_\_\_\_\_ Date \_\_\_\_\_

# Adult & Teen Challenge Northeastern Wisconsin

## PASTORAL/LAY LEADER REFERENCE CHECK

The applicant listed below has requested employment/volunteer consideration with Adult & Teen Challenge Northeastern Wisconsin. Adult & Teen Challenge Northeastern Wisconsin is a 12 month Christian residential rehabilitation program for teens and adults with chemical addiction problems. All staff members working directly with our students must be able to model a solid Christian lifestyle. We are especially interested in the applicant's ability to maintain professional boundaries with our students. Because of the nature of our program, and the large amount of responsibility given to our staff members, we are requesting your help by completing the following questions on this applicant in an objective manner. Thank you so much.

### ALL ANSWERS WILL BE KEPT STRICTLY CONFIDENTIAL

Applicant: \_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

What are the applicant's strong points? \_\_\_\_\_  
\_\_\_\_\_

What are the applicant's weak points? \_\_\_\_\_  
\_\_\_\_\_

In your opinion, is the applicant suitable for working with vulnerable adults and adolescents? **Yes / No**

In your opinion, can the applicant maintain professional boundaries with students (consistent treatment, not displaying favoritism, submission to established procedures, not getting too close, etc)? **Yes / No / Unsure**

In your opinion, does the applicant have the spiritual maturity needed to effectively model a Christian lifestyle? **Yes / No / Unsure**

On a scale of 1 to 5, with 5 being the best and 1 the worst, please rate the applicant in the following areas:

\_\_\_ **Cooperation** \_\_\_ **Initiative** \_\_\_ **Reliability** \_\_\_ **Maturity** \_\_\_ **Leadership** \_\_\_ **Assertiveness**

I \_\_\_ **recommend** \_\_\_ **recommend with reservations** \_\_\_ **do not recommend** this person to work at ATCNEW.

\_\_\_ **I prefer to discuss this further on the phone.** Please give me a call at: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: [info@atcnew.com](mailto:info@atcnew.com) or 999 N Military Ave., Howard, WI 54303