MENTOR PROGRAM



Mentors will form a close one-onone 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.

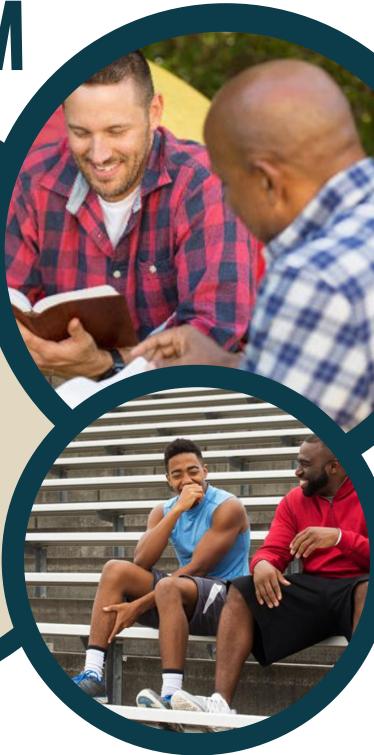
OUR PROGRAM:

- 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





MENTOR APPLICATION

Name:			Date:		
(last)	(first)	(middle)			
Address:(street addre	ess)	(city)	(state)	(zip)	
Phone:					
E-mail Address:		Social Security No.:			
Position applied for:	Date you can start:				
Referred by:					
Have you submitted an ap	oplication here before?	When?			
Have you sought treatment use in the last two years?	ŕ	for any offense inv	olving alcoho	l or illegal drug	
·					
If yes, please explain:					
Are you able to refrain fro	9			•	
Have you ever been convident	cted of a criminal offen	se (not including tr	affic violation	ns)? Yes / No	
If yes, please list all convic	ctions and an explanatio	on. Answering yes w	vill not necess	arily exclude you	
from consideration					
Are you a Christian? Yes					
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 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.

First

Last

Signed

Middle

Maiden/Pre vious Name(s)				
Date of Birth// (For identification purposes only)	Social Security Number			
Address				
City	State	Zip	County	
If the above address does not encompass	5 years, list the cities	and states you l	nave lived in for the past 5 year	s
I understand that a facsimile (fax	, 1 0 1			
Applicant's Signature			1 oday's Date	
PLEASE SIGN BELOW AFTER READIN I agree to abide by the Volunteer Guideli Wisconsin. I understand that a substant Wisconsin program have criminal backgr individuals. I hereby release and dischar, any damages, losses or injuries sustained Challenge Northeastern Wisconsin. I also will receive no pay or benefits such as movolunteering.	tial percentage of particular percentage of particular and that I assure a Adult & Teen Challed by me arising out of, o understand that I amedical insurance or we	volunteer at A- icipants in the A- me all related ri- llenge Northeas or relating to man freely entering	dult & Teen Challenge Norther dult & Teen Challenge Norther ks in providing services to these tern Wisconsin from liability way volunteering with Adult & Teinto this volunteer arrangemen	theastern astern se ith regard to een t and that I

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 applicar	nt?			
* *	ong points?			
	ak points?			
In your opinion, is the applicant s	suitable for working with vulnerable adults and adolescents? Yes / No			
	t maintain professional boundaries with students (consistent treatment, not to established procedures, not getting too close, etc)? Yes / No / Unsure			
In your opinion, does the applicant Yes / No / Unsure	nt have the spiritual maturity needed to effectively model a Christian lifestyle?			
On a scale of 1 to 5, with 5 being	the best and 1 the worst, please rate the applicant in the following areas:			
CooperationInitiativ	veReliabilityMaturityLeadershipAssertiveness			
I recommend recommend ATCNEW.	end with reservations do not recommend this person to work at			
I prefer to discuss this f	further on the phone. Please give me a call at:			
Name:	Title:			
Organization:				
Phone:				
	Date:			

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