

Silver Lining Mentoring Volunteer Mentor Application

Silver Lining Mentoring offers specialized mentoring services for youth impacted by foster care. Our goal is to empower youth in foster care to flourish through committed mentoring relationships and the development of essential life skills. We accomplish our mission by offering two primary services: Life Skills Mentoring and Community Based Mentoring.

Please complete this application if you are interested in becoming a volunteer mentor. Applications must be returned to Brian Diah prior to your interview. Please send them via email to brian@silverliningmentoring.org or via mail to 727 Atlantic Ave, 3rd floor, Boston MA 02111.

Mentors in both opportunities:

- Agree to meet with their mentee for 8hrs/month for a period of at least 1 year, and maintain weekly communication with their mentee via phone, email and/or social media.
- Agree to travel to the mentee's community of residence.
- Undergo the same screening and training process.
- Receive on-going support from Silver Lining Mentoring programming staff, and agree to be in bi-weekly contact (phone or email) with their Program Coordinator.
- Receive invitations to bi-monthly group events.

Life Skills Mentor - Learn & Earn (L&E) program

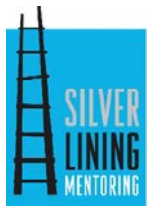
Support young adults as they develop essential life skills. Young adults are assigned to a 12-week L&E cohort and earn money while learning skills at weekly reflection groups with the assistance of their Life Skills Mentor. Upon graduation, participants invest their money in an "independent living asset" - such as a laptop, professional clothing, resolving debt, etc. L&E is run at the same site-based location and occurs on the same day/time each week for 12 weeks (ex: Thursdays from 5:30pm – 7:30pm from January 1 – April 1). At the end of the 12-week program, matches transition into SLM's Community Based Mentor program.

- Age group: 16+
 - Location: Site based location and virtually (over the phone/email/text/social media).
- Requirements:
 - Time commitment: 2 hours per week at reflection groups for support of one participant for 12 weeks.
 - Mentors agree to maintain the match relationship in Community Based Mentoring for the remaining 9 months.

Community Based Mentor

Support and develop a relationship with one youth, with the goal of creating a consistent, long-term connection. Matches do fun, low-cost activities together like playing board games, going out for meals and doing arts and crafts. Matches are also encouraged to take advantage of Silver Lining Mentoring's free tickets to community events.

- Age group: 7+ (though most youth are teens)
- Location: Participant's community and virtually (over the phone/email/text/social media).
- Requirements:
 - Time commitment: 8 hours per month, typically over the course of two visits.
 - Travel to their mentee's community of residence.
 - Mentors agree to maintain their relationship if their mentee moves to another location.



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I. General Information (Please Print)

Date of this Application: _____

Full Legal Name: _____ Preferred Name: _____

Gender: ☐ Male ☐ Female ☐ Trans* _____ ☐ Other _____

Pronouns: _____

Date of Birth: _____

Home Address: _____ City, State: _____ Zip Code: _____

Home Phone: _____ Mobile: _____ E-mail: _____

Name of current/most recent employer: _____ Title: _____

Work Address: _____ City, State: _____ Zip Code: _____

Demographic Information (optional):

Race/Ethnicity: _____ Language Abilities & Fluency Level: _____

Sexual Orientation: _____ Gender Identity and/or Expression: _____

Religious Affiliation: _____

Are you applying to be part of our Lesbian, Gay, Bisexual, Trans* and Questioning (LGBTQ) Mentor Initiative?

☐ Yes ☐ No

Personal Information:

1. ☐ Yes ☐ No Were you adopted?

2. ☐ Yes ☐ No Were you in foster care?

3. ☐ Yes ☐ No Did you ever live outside your biological family's home in a different arrangement?

4. ☐ Yes ☐ No Do you have children?

5. ☐ Yes ☐ No Have you ever been involved in another mentoring program or youth service agency?

If so, where and when? _____

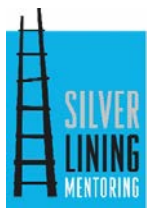
How did you find out about Silver Lining Mentoring:

☐ Silver Lining Mentoring Website ☐ Silver Lining Mentoring Board Member: _____

☐ Friend/Coworker: _____ ☐ Silver Lining Mentoring staff: _____

☐ Volunteer Website: _____ ☐ Search Engine (google, etc): _____

☐ Newspaper or Magazine: _____ ☐ Other: _____



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II. Schedule and Logistical Information

1. Can you commit to meeting with a mentee for 8 hours/month with weekly communication for at least 1 year?
☐ Yes ☐ No
2. Do you have access to a vehicle?
☐ Yes ☐ No
3. Do you have a valid driver's license?
☐ Yes ☐ No

SLM offers two mentoring opportunities. Please indicate each program you can commit to and your availability.

Life Skills Mentors:

Attend 12 consecutive reflection groups, which occur on the same weeknight at the same site-based location for a period of 12 weeks. Can you make this commitment? ☐ Yes ☐ No

If yes, what days & times are you available to attend the required weekly reflection group?

Days:	Monday	Tuesday	Wednesday	Thursday
Times:	<input type="checkbox"/> 5:30pm – 7:30pm <input type="checkbox"/> 6:00pm -8:00pm	<input type="checkbox"/> 5:30pm – 7:30pm <input type="checkbox"/> 6:00pm -8:00pm	<input type="checkbox"/> 5:30pm – 7:30pm <input type="checkbox"/> 6:00pm -8:00pm	<input type="checkbox"/> 5:30pm – 7:30pm <input type="checkbox"/> 6:00pm -8:00pm

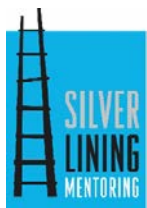
Community Based Mentors:

Meet with a mentee 2x/month in the mentee's community for 4 hours each visit for a period of at least 1 year (9 months if post L&E). Can you make this commitment? ☐ Yes ☐ No

If yes, what days and times are you available to visit with your mentee?

Days:	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
Times:							

NOTE: Program assignments are decided based on availability, capacity, current needs, and SLM staff recommendations.



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III. Personal Information & Interests

Interests: What do you like to do in your free time? (Give specifics, if possible. This helps us to make appropriate mentor-mentee matches)

Interests:	Additional Comments
Play sports? Which ones?	
Listen to music? What kinds?	
Read? What kind of books?	
Draw, paint? What kind of art?	
Play video games? What types?	
Watch sports? Which ones?	
Watch TV or movies?	
Shop? For what?	
Other? What?	
Please check one from each of the following pairs below. Are you more:	
a) <input type="checkbox"/> talkative or <input type="checkbox"/> quiet ?	b) <input type="checkbox"/> funny or <input type="checkbox"/> serious ? c) <input type="checkbox"/> energetic or <input type="checkbox"/> laid back ?

1. What kind of involvement have you had with young people under the age of 18? (Please include any experience including mentoring, work, volunteer, or personal experience).

2. Why are you interested in being a mentor?

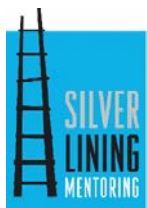
3. Why do you think you would be a good mentor?

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4. What experience do you have working with issues of adoption or foster care (if any)?

5. Are there any issues that SLM youth may be facing that you would feel uncomfortable discussing?

6. What preferences do you have, if any, for race, culture, gender identity & expression, sexual orientation, and age of a mentee if you are matched? Anything else?



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Photo/Media Release & Waiver *(all participants)*

I, _____, hereby grant Silver Lining Mentoring and its partners permission to use the
(Guardian/ Participant over 18 yrs)
following selected items below regarding _____ to publicize and promote Silver Lining
(Participant name)
Mentoring (e.g., in newsletters, website, etc.).

Please **check** AND **initial** next to the following items that you will allow Silver Lining Mentoring to publicize:

1) Participant's name:

a) _____ ☐ First and last name

b) _____ ☐ First name only

2) Participant's visual image:

a) _____ ☐ Any visual image (photographic or video images)

b) _____ ☐ Non-identifying visual images only (e.g. silhouettes, hands, feet, back)

3) Participant's statements:

a) _____ ☐ (e.g. quotes, stories, written and/or spoken)

4) Participant's artwork:

a) _____ ☐ (e.g. drawings, art, photography)

I acknowledge that Silver Lining Mentoring or its assignee has total ownership of the program or article in which my above selected information will be used. I understand that I will not receive compensation for the use of such information used to publicize and promote Silver Lining Mentoring.

My consent to this waiver and release signifies that I completely release, promise and covenant not to sue or assert any claims against Silver Lining Mentoring, its personnel, and/or agents of the program for liability that may arise from Silver Lining Mentoring's use of the above selected items for the purposes stated herein. By signing below, I am acknowledging that I have read and fully understood this Release and Waiver and that I consent to the use of the above selected information to publicize and promote Silver Lining Mentoring.

Print Full Name

Date

Signature of Participant

Date