



LifeChangers Legacy

*Prison and Reentry Mentorship Program
Chebar Ministries Inc.*

Walk Alongside Mentorship Program

MENTOR MATCH FORM

This Match form is confidential information and will not be shared outside the management team except with your written approval.

CONTACT INFORMATION							
Name:		Today's Date:					
Address:		Birthdate:					
Primary Phone:		Best Time to be Contacted:					
Alternative Phone:		Languages Spoken:					
E-mail:		Primary Mode of Transportation:					
BACKGROUND INFORMATION							
Marital Status:	<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other	Spouse/Partner's Name:					
Number of Children:		Ages of Children:					
Employer:		Occupation:					
Typical Work Hours: Please describe any irregular work hours or other time demands							
PERSONALITY DATA							
<i>Check any of the words that you feel describe your personality.</i>							
<input type="checkbox"/>	Adventurous	<input type="checkbox"/>	Compassionate	<input type="checkbox"/>	Confident	<input type="checkbox"/>	Creative
<input type="checkbox"/>	Easygoing	<input type="checkbox"/>	Funny	<input type="checkbox"/>	Health Conscious	<input type="checkbox"/>	High Energy
<input type="checkbox"/>	Introverted	<input type="checkbox"/>	Optimistic	<input type="checkbox"/>	Outgoing	<input type="checkbox"/>	Quiet
<input type="checkbox"/>	Sensitive	<input type="checkbox"/>	Serious	<input type="checkbox"/>	Spiritual	<input type="checkbox"/>	Spontaneous
Describe yourself in 5 words:							
Are you empathetic?							

CRIMINAL BACKGROUND AND AODA

Please note these questions do not disqualify you. Your honesty and forthrightness will help us work to develop a placement.

Have you ever been convicted of a crime or are you currently facing open charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>	
Do you have a history of drug or alcohol use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain including last date used:</i>	
What supports have you placed in your life to help you in your sobriety?		
Would you be willing to openly discuss your story with a mentee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how would you approach this?</i>	

QUESTIONNAIRE

Why would you like to be a mentor?	
What would you like to get out of being a mentor?	
Please share any life experiences you feel would be helpful to know in making a placement:	
Hours of Availability for Mentoring:	
Hobbies/Interests/Sports:	
Mentee Requests (Age, Disability, Addiction, Interests, Religious Affiliation, etc.)	

Are there any personal characteristics you are uncomfortable working with? (Please be honest as this will help us make a successful placement.)	
Topics you feel comfortable discussing:	<input type="checkbox"/> Criminal Background <input type="checkbox"/> Drug and Alcohol <input type="checkbox"/> Education <input type="checkbox"/> Faith/Religion <input type="checkbox"/> Housing <input type="checkbox"/> Mental Illness <input type="checkbox"/> Relationship Issues <input type="checkbox"/> Sports/Leisure <input type="checkbox"/> Vocation/Goals <input type="checkbox"/> Other: _____
Are there any topics you do not feel comfortable discussing?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate: _____
Any additional information you would like to share:	

AGREEMENT

- The above information is true to the best of my knowledge. I understand that LifeChangers Legacy is not obligated to assign, or actively seek to assign, a mentee to this applicant. I further agree to allow the staff of LifeChangers Legacy to elicit additional pertinent information as part of their matching process.
- If I am placed with a mentee, I agree to the commitment and will consistently participate to the best of my ability. I will honor confidential information regarding my mentee within the parameters of being a mandated reporter. I will be free of the influence of alcohol or drugs at all times when interacting with mentee.
- I will inform staff of any changes in my address and/or phone number within 72 hours. I will inform staff a minimum of 90 days in advance should I choose to stop volunteering; and if I fail to notify, I agree to pay the cost of training a replacement mentor.
- I understand there are two times each month provided for mentors to attend the mandatory monthly mentorship supervision meeting. I agree to attend one of these mandatory meetings each month. Exceptions for these are profound health issues of self and/or family; immediate notice not less than 48 hrs as possible is expected. Because the mentee and the organization expects integrity, honesty, compassion and dedication; you have committed to this role and we anticipate you to represent these qualities in all your personal and LCL related actions.

SIGNATURE

Signature:	
Name:	
Date:	

NOTE: PLEASE COMPLETE THE INTERESTS CHECKLIST ATTACHED.

RETURN TO:

Info@LifeChangersLegacy.org
Pamela@LifeChangersLegacy.org
 5665 Atlanta Highway, Ste. 102-217
 Alpharetta, GA 30004
678-768-1978

THANK YOU FOR INVESTING IN A LIFE!
WE LOOK FORWARD TO PLACING YOU WITH YOUR MENTEE SOON!

FOR OFFICE USE ONLY

Date Received: _____	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Match Name: _____
Mentor Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff & Date: _____	Method Contacted: _____
Notes:		