

MENTOR Mentorship Program Application

**Please return this application to be eligible for the program.*

By Email: mentorship@spence-chapin.org

By Mail: Spence-Chapin
410 East 92nd Street
New York, NY 10128
Attn: Raven Bowie

Full Name: _____

Nickname/Preferred Name: _____

Gender: _____ Birthdate: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home/Work #: _____ Cell #: _____

E-mail: _____ Occupation: _____

Application Questions – *please use a separate sheet as needed*

1. How did you hear about the Mentorship Program?
2. Why do you want to be a mentor to young adoptees?
3. What unique characteristics and experiences can you offer to our Program's mentees?

4. What do you, as an adoptee, hope to gain from volunteering for the Mentorship Program?
5. What experiences, if any, do you have working with youth?
6. What are your hobbies, interests, and/or special skills?
7. Is there anything else you would like us to know about you?

Adoption/Family Background – *please use a separate sheet as needed.*

8. Please tell us briefly about your adoption. At what age were you adopted, and from what state or country?
9. Please tell us who comprises your family. When listing siblings, indicate whether they are also adopted.
10. Was adoption a welcomed part of the conversation in your family when you were growing up? Please explain.

11. Check one regarding search and reunion:

- ☐ I have searched for and have found members of my birth family
- ☐ I have searched for and have not found any members of my birth family
- ☐ I was found by a member of my birth family
- ☐ I am not interested in searching for my birth family at this time
- ☐ Other (please specify below)

Please share additional information about your search and reunion experience, if applicable.

12. Over the years, what has helped you gain comfort in your adoptive identity?

13. Have you returned to your birth country or birth state? If yes, please tell us when, and what the experience was like for you:

14. Please describe how as an adult you incorporate adoption into your life.

Medical History – *please use a separate sheet as needed. Any information shared will be kept confidential.*

Being a mentor involves attending various active, recreational activities such as indoor rock climbing, dance classes, ice skating, etc. Your level of participation at each of these events is at your discretion. Mentors also participate in in-depth discussions with peers and mentees that are emotional and sensitive in nature.

15. Please share with us anything about your physical, medical, or emotional health that you believe is relevant to your application and participation as a mentor.

All the information provided as part of this application is true to the extent of my knowledge. I understand that submitting an application does not guarantee acceptance into the Program and that, if accepted, I will be asked to complete a criminal background check and New York and/or New Jersey State Child Abuse clearance.

Signature: _____ Date: _____

Print Name: _____

Spence-Chapin promotes equal opportunity for all applicants. In doing so, we comply with local, state, and federal laws and regulations to ensure an equal opportunity for everyone. Spence-Chapin does not discriminate on the basis of race, ancestry, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, citizenship, military service obligation, veteran status or any other basis protected by federal, state or local laws.