

MENTOR Mentorship Program Application 2020-2021

**Please return this application by July 30, 2020 to be eligible for the program.*

410 E. 92nd Street
New York, NY 10128
Attn: Jessica Luciere
mentorship@spence-chapin.org

Thank you for your interest in becoming a mentor in the Spence-Chapin Mentorship Program!

Founded in 2005, the Spence-Chapin Mentorship Program provides an open and safe space for younger adoptees, ages 11-18 years old to connect with each other and older adoptees through various events throughout the calendar school year. Through events focused on the conversation of adoption, we allow for mentees to learn from our mentors, share their experiences with one another and meet their adopted peers.

Our mentorship program, on average has 12-16 mentees and mentors a year. The mentorship program allows everyone in the group a chance to meet and make individual connections. Due to the COVID-19 pandemic, our events are presently all virtual for the fall semester that starts in September and ends in January; we plan to resume in-person events in the Spring. Mentors will help facilitate discussions with the mentees on issues such as: race and racism, search and reunion, acceptance, and mindfulness.

The Spence-Chapin mentorship program is rooted in fun! Our mentors and mentees return to us each year because the bonds that we make are life lasting, and dynamic. Our program promotes a healthy and safe space for our mentors to get to know one another and create connections as adult adoptees as well as spend time with our younger mentees.

Onboarding Process:

- 1. Phone call with program lead**
- 2. Submission of written application, current resume, 2 letters of recommendation**
- 3. Hour long interview with program leader**

4. Child abuse clearance background check done by Spence-Chapin
5. Fingerprinting (criminal record check) performed in NY
6. Mandatory Mentor training/orientation

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By Email: Mentorship@spence-chapin.org

By Mail: Spence Chapin
410 E. 92nd Street
New York, NY 10128
Attn: Jessica Luciere

Full Name: _____

Nickname/Preferred Name: _____ -

Preferred Pronouns: _____

Gender Identity: _____

Birth date: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home/Work #: _____

Cell #: _____

E-mail: _____

Occupation: _____

International or Domestic adoptee:

How did you hear about our program?

Required: Please submit your most current resume with this application, and 2 letters of recommendation, one from a colleague, one from a supervisor or an educator who has personally overseen you.

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

1. Please tell us briefly about your adoption. At what age were you adopted, and from what state or country?

2. Please tell us who comprises your family, when listing siblings, indicate whether they are also adopted or biological to your parents.

3. Was adoption a welcome part of the conversation in your family when you were growing up? Please explain.

4. 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 have visited my birth family
 - I have visited the place of my birth
 - I was found by a member of my birth family
 - I have thought about searching but not yet decided if I want to
 - 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.

5. Over the years, what has helped you gain comfort in your identity as an adoptee?

6. Please describe how as an adult how your adoption plays a role in your daily life.

Application Questions – please use a separate sheet as needed

1. Why do you want to be a mentor to younger adoptees?

2. What do you, as an adoptee, hope to gain from volunteering for the Mentorship Program?

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

1. Being a mentor involves attending various active, recreational activities such as indoor rock climbing, dance classes, ice skating, etc. Although mentors are expected to attend these events, 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.

2. 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 by submitting an application, this solely 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.

Reminder: Please submit 2 letters of recommendation from those who supervise you in a professional or educational manner, and your most recent resume.



Once your application is received you will receive a call from Jessica M. Luciere.