



# **CAMP MARIPOSA®**

## **2023 MENTOR APPLICATION**

### **Camp Mariposa Location**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Anderson, SC          | <input type="checkbox"/> Everett, WA      | <input type="checkbox"/> Nashua, NH       | <input type="checkbox"/> Sarasota, FL       |
| <input type="checkbox"/> Bloomfield, IN        | <input type="checkbox"/> Southwest OH     | <input type="checkbox"/> New Orleans, LA  | <input type="checkbox"/> South Bend, IN     |
| <input type="checkbox"/> Chicago, IL           | <input type="checkbox"/> Indianapolis, IN | <input type="checkbox"/> Philadelphia, PA | <input type="checkbox"/> St. Petersburg, FL |
| <input type="checkbox"/> Dandridge, TN         | <input type="checkbox"/> Irvine, KY       | <input type="checkbox"/> Southern WV      | <input type="checkbox"/> Southwest WA       |
| <input checked="" type="checkbox"/> Dayton, OH | <input type="checkbox"/> Eastern WV       | <input type="checkbox"/> San Diego, CA    | <input type="checkbox"/> Other: _____       |

# Mentor Application

**Thank you for your interest in the Camp Mariposa program!**

**Camp Mariposa is a mentoring and support program for youth ages 9-12 who have been affected by the substance use of a family member.**

Camp Mariposa is a yearlong program. The program includes weekend camps held six times a year and additional activities for campers, alumni, teens and their families in the months between camp weekends. Camp Mariposa follows a group and peer mentoring model, meaning that all activities are held with other youth and mentors present at all times.

**All youth and mentors make a one-year commitment to participate in the program. Mentors must attend at least four camp weekends and additional activities each year.**

## Applicant Requirements

- ✓ The applicant **MUST** be 18 years of age or older.
- ✓ The applicant is **required** to pass a criminal background check.
- ✓ The applicant is **required** to make a one-year commitment to attend at least four camp weekends a year and additional activities.

## Screening Process

1. Submit an application.
2. Complete screening and criminal background check.
3. Provide at least two references and participate in a phone/in-person interview.
4. Attend and participate in at least 3-hours of training each year.

## Commitment

**Please mark an X acknowledging that you have read and understand the commitment to become a mentor.**

☐ I understand that Camp Mariposa program follows a group and peer mentoring model.

☐ I understand and meet the applicant requirements.

☐ I understand that I must complete the application and screening process for consideration to be a mentor.

# Applicant Information

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ Preferred/Nickname: \_\_\_\_\_

Gender: ☐ Female ☐ Male ☐ Nonbinary/Nonconforming ☐ Prefer to self-describe: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact Method: ☐ Email ☐ Phone Time of day: \_\_\_\_\_

Race Ethnicity: ☐ African American/Black ☐ American Indian/Native American ☐ Asian  
☐ Hispanic/Latino ☐ Pacific Islander ☐ White/Caucasian  
☐ Multi-racial (please select all that apply) ☐ Other: \_\_\_\_\_

What is your current employment status? ☐ Full Time ☐ Part-Time ☐ Retired ☐ Not employed

If employed:

Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Are you currently enrolled in school? ☐ Yes ☐ No

If in school:

Name of School: \_\_\_\_\_

Major of Program: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

What languages (other than English) do you speak?: \_\_\_\_\_

I have served or a close family member has served in the military (past or present): ☐ Yes ☐ No

If yes, please indicate all branches that you and/or your family has an affiliation with:

☐ Air Force ☐ Army ☐ Coast Guard ☐ Navy ☐ Marine Corps

If yes, please indicate the status: ☐ Active ☐ Reserve ☐ Retired/Veteran

**Briefly, why do you want to be a mentor with the Camp Mariposa Program?**

---

---

---

**Are there any conflicts or constraints that might make it challenging for you to participate in the program?**

---

---

---

**Please describe any previous experience you have had working with at-risk youth:**

---

---

---

**Do you have any personal or professional experience working with adults/youth/families impacted by a substance use disorder or addiction?**     ☐ Yes     ☐ No

**Please list any special skills you would like us to know about:**

---

---

---

**Have you ever been convicted of a crime?**     ☐ Yes     ☐ No

**If yes, please explain:**

---

---

---

**Have you ever been investigated by Child Protective Services (CPS)?**     ☐ Yes     ☐ No

**If yes, please explain:**

---

---

---

**Preferred Size of Camp Mariposa T-shirt:**\_\_\_\_\_

**How did you hear about Camp Mariposa?:**\_\_\_\_\_

***I hereby certify that the information given on this form is factual and complete. I give my permission for any necessary verification. I release from liability any person and/or this organization giving, receiving, or utilizing any such information in making decisions regarding my application to become a mentor.***

**Applicant Signature:**\_\_\_\_\_ **Date(mm/dd/yy):** \_\_\_\_\_

# References

**Camp Mariposa requires at least two references for all applicants.  
One of the references must be a professional reference. Please feel free to provide any  
additional references to help us ensure the completion of your application in a timely  
manner.**

Name of Applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Years known: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred method of contact: ☐ Email ☐ Phone Time of Day: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Years known: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred method of contact: ☐ Email ☐ Phone Time of Day: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Years known: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred method of contact: ☐ Email ☐ Phone Time of Day: \_\_\_\_\_