

CAMP MARIPOSA®

2024 MENTOR APPLICATION

Thank you for your interest in serving as a new mentor or continuing your mentoring role with Camp Mariposa®! Mentors are an incredible asset to the Camp Mariposa program. Mentors form important bonds, serve as positive role models, and provide support to campers.

Camp Mariposa is a year-round addiction prevention and mentoring program for youth 9-12 affected by the substance use disorder of a family member. Camp Mariposa follows a group and peer mentoring model, meaning that all activities are held with other youth and mentors present. All youth and mentors make a one-year commitment to the program by attending at least four camps and additional activities.

For more information, on Camp Mariposa visit www.elunanetwork.org/campmariposa or reach out to your local CM Program Director.

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.

Location and Referral Source

Camp Mariposa Location of Interest: _____

How did you hear about Camp Mariposa?: _____

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) Prefer to self-describe: _____

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 or 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 Space Force

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 with who have experienced trauma:

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: _____

References

Camp Mariposa requires at least two references for all applicants. One of the references must be a professional reference and the additional reference(s) can be personal or professional. The CM Program Director or another staff member may contact one or all references as part of the screening process.

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: _____

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): _____