CAMP MARIPOSA®

2023 MENTOR APPLICATION

Camp Mariposa Location

☐ Anderson, SC  ☐ Bloomfield, IN  ☐ Chicago, IL  ☐ Dandridge, TN  ☐ Dayton, OH
☐ Everett, WA  ☐ Southwest OH  ☐ Indianapolis, IN  ☐ Irvine, KY  ☐ Eastern WV
☐ Nashua, NH  ☐ New Orleans, LA  ☐ Philadelphia, PA  ☐ Southern WV  ☐ San Diego, CA
☐ Sarasota, FL  ☐ South Bend, IN  ☐ St. Petersburg, FL  ☐ Southwest WA  ☐ 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:_____________________
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