

Handout 14

Mentor Application

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Applicant's Name: _____

Address: _____

City, State Zip: _____

Phone: _____

Alternate Phone: _____

E-Mail: _____

Note: You may attach a separate sheet or use the back of this application for the completion of questions if necessary.

1. Are you currently a licensed foster/adoptive parent? How long?
2. What has made you become a successful foster/adoptive parent?
3. Discuss your frustration as it relates to foster and/or adoption issues.
4. Do you have any unresolved issues with the department or agency you are currently working with or have worked with in the past? Explain.
5. What types of training have you completed which might prepare you as a mentor?

6. Are you willing to attend any and all trainings made available by the Cherokee FOCUS Pilot? Yes No

7. Would you be available for FOCUS Training Sessions once or twice a year? Once Twice

8. A mentor must be available for phone calls from families who are in need of mentoring. Are you reasonably accessible? Please discuss the issue, i.e. frequently home, voicemail/answering machine, etc.

9. As a mentor, describe a situation where you may be of assistance to a foster parent or adoptive parent.

10. Are you currently a member of Cherokee County Adoptive and Foster Parent Association? Yes No

 If no, please request a membership application. All members of the FOCUS Program must support Cherokee County AFPAG.

11. In a few short paragraphs please describe your family, your role as a foster/adoptive parent and what you would like to see changed within the system.