



Like-Mind(s)²

Peer Support Mentorship Program

Email: likeminds@mooddisorders.on.ca /Phone: 416-486-8046 ext.303

Mentor Application Form

Mentoring is a significant, long-term, beneficial effect on the life or style of another person, generally as a result of personal one-on-one contact. A mentor is one who offers knowledge, insight, perspective or wisdom that is especially useful to the other person. **The information collected from your application form is for use by the MDAO Like-Mind(s)² Peer Support Mentorship Program only. Personal information will be used to help determine suitable matches. Information will only be shared with the participant once cleared and approved by the Mentor.**

Personal Information:

First Name:	Last Name:
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Contact Information:

Home Contact Information Home Address: _____ _____ Home Phone: _____ Alternate Phone: _____ Personal Email: _____ Emergency Contact Relation: _____ Name: _____ Phone: _____	Business Contact Information (if different from Home) Organization: _____ Business Address : _____ _____ Business Phone & Ext: _____ Business Fax: _____ Business Email: _____ Occupation: _____ Job Title: _____
Check off your Contact Preference: ___ Work ___ Home ___ Days ___ Evenings	

Languages (please check beside languages spoken):

___ English ___ French ___ Other: _____

Education (please check education level completed):

___ High School ___ Some College ___ College Graduate ___ Some University ___ University Graduate
___ Post Graduate ___ Trades Certification

Interest/Skills/Training/Hobbies

Why are you interested in becoming a mentor to a Participant (18-35yrs) with a first time mood disorder/ psychosis?

Do you have a specialized skill/training, hobbies, or special interests that you would like us to know about:

Please note any particular preference you would like our committee to focus on when finding you a Participant match:

Participation (engagement in Participant relationship)

How much time are you able to commit to your Participant? ___ Weekly ___ Biweekly

From what date(s) are you available to start? ___ MM ___ DD ___ YYYY

References - we require 3 references

Reference Type	Name of Reference	Reference Contact Number
Friend who has known you for 2/more years		
Employer/teacher/coach / volunteer		
Family Member		

Statement of Confidentiality

The MDAO Like-Mind(s)² Peer Support Mentorship Program recognizes the right to the confidentiality and privacy of our volunteers/mentors, and is dedicated to conducting programs in only the highest ethical standards. The MDAO Like-Mind(s)² Peer Support Mentorship Program is committed to protecting the privacy of its participants and volunteers. All information and disclosures will remain confidential and will be used for the purpose of facilitating an appropriate Mentor/ Participant match. Any information disclosed through Mentor/ Participant relationship contact will remain confidential and will not be discussed with anyone outside of the MDAO Like-Mind(s)² Peer Support Mentorship Program /Program Funders. **FOR THE SAFETY OF OUR PARTICIPANT AND IN THE INTEREST OF PROVIDING APPROPRIATE MENTORS, EACH VOLUNTEER MUST UNDERGO A CRIMINAL REFERENCE CHECK. BY SIGNING BELOW, YOU AGREE TO UNDERGO A CRIMINAL REFERENCE CHECK.**

Date: _____

Signature of Mentor Applicant: X _____