



Mentor Application

Name: _____
Last First MI

Mailing Address: _____
P.O. Box / Street City State Zip Code

Residence Address: _____
Street City State Zip Code

Telephone: (____) _____ Cell Phone: (____) _____

Email: _____

MENTOR QUALIFICATIONS:

- Good communication skills
- Sound management of time skills
- Understands and has self-awareness of personal limitations
- Available a minimum of 8 hours/month and available for monthly Mentorship Meeting
- Has access to an active phone and can be contacted
- Ability to navigate and travel to/from Public Authority office and within reasonable distances within SF
- Have experience in any of the following arenas, (please check all that apply):
 - Transitioning from institutional living settings to community living
 - Living independently in the community
 - Be a current or former IHSS Consumer
 - Working as an IHSS Provider
- Must be fluent in English with basic ability to read and write
- Must pass LiveScan Background Check
- PREFERRED: Bilingual in Chinese, Spanish or Russian
- PREFERRED: Current or former IHSS Consumer

NOTE: Mentors of the Public Authority are Independent Service Contractors. They are not employees of the Public Authority. Mentors will need to complete a W-9 Form upon hire.

Languages Spoken: Please circle

American Sign	Arabic	Cantonese	English
Farsi	French	German	Italian
Japanese	Korean	Mandarin	Portuguese
Russian	Spanish	Tagalog	Vietnamese
Other _____			

Accommodations

Please describe any accommodations needed

Schedule and Availability

What is the minimum number of hours per week would you'd be willing to work? (please circle one)

2 hours

4 hours

6 hours

Please circle all the days you are available. (Knowing your availability could change)

Mornings:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Afternoons:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Evenings:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Work History <i>Please provide your work history for the past three years (if relevant)</i>	
Employer:	Phone #
Address:	Best time to call:
Job Title and Responsibilities:	Permission to call: Yes / No
	Period of employment: From: _____ to _____ (month/yr.) (month/yr.)
Supervisors Name:	Reason for leaving:
Employer:	Phone #
Address:	Best time to call:
Job Title and Responsibilities:	Permission to call: Yes / No
	Period of employment: From: _____ to _____ (month/yr.) (month/yr.)
Supervisors Name:	Reason for leaving:
Employer:	Phone #
Address:	Best time to call:
Job Title and Responsibilities:	Permission to call: Yes / No
	Period of employment: From: _____ to _____ (month/yr.) (month/yr.)
Supervisors Name:	Reason for leaving:



Acknowledgement

I hereby certify that all information contained in this application is true and correct to the best of my knowledge. I understand that any omission or misrepresentation of any information contained in this application or any document used will be caused for reject of this application or termination regardless of the time elapsed before discovery.

I hereby authorize all my reference, and current and former employers and their employees, past or present, to give the Public Authority any al all information concerning my employment history, work performance and character.

In addition, I understand and agree that any contract agreement offered may be conditioned upon the successful outcome of a background check through the Department of Justice and this application is not an offer of employment or contract agreement.

Signature

Date

IF YOU ARE MAILING THIS APPLICATION, PLEASE MAIL TO:

**SFIHSS PUBLIC AUTHORITY
ATTENTION: MENTORSHIP PROGRAM
832 FOLSOM STREET, 9TH FL.
SAN FRANCISCO, CA. 94107**