



Project N.Ex.T. Mentor Application
Progression Through Mentorship

Personal Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Email address: _____

SSN #: _____

Date of Birth ___/___/___ Gender: Male Female

Type of Disability (SCI level, AK/BK, right/left, etc): _____

Date of Disability/Age when disability was acquired: _____

How was your disability acquired?: _____

Personal Biography

In order for us to get to know you, and for us to properly match you with a mentee, please write a personal biography about yourself and your experiences as a disabled athlete. One page minimum, three page maximum.

Mentoring History

1. Do you have any previous experience volunteering or working as a mentor? If so, please specify.

2. Do you have any mentoring certifications? i.e. ACA peer visitor.

Athletic History

1. What sports or activities do you participate in?

2. What sports do you consider yourself to be competitive in? Please explain, and include any events/competitions/meets you have participated in as a disabled athlete.

Program Commitment

1. Are you available to meet with your mentor a minimum of four times per year in person, plus engage in weekly phone and/or email contact? Please explain any particular scheduling issues/restrictions.

2. Can you commit to participate in the Project N.Ex.T. mentoring program for a minimum of one year from the time you are matched with a mentee?

3. Have you had any alcohol/controlled substance/illegal drug use convictions or problems within the last five years? Any major driving offenses? Please explain. (Note: all N.Ex.T. mentors must agree to submit to a background check.)

4. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, receive feedback regarding any difficulties during your participation in the mentoring program, and be willing to work to improve on performance as needed?

5. Are you willing to attend an initial mentor training session (ACA and CAF certification), and to be recertified annually after being matched?

6. Do you have any additional comments, or information you'd like to include?

Please read this carefully before signing, and then initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that N.Ex.T. Mentoring Program is not obligated to provide a reason for accepting or rejecting me as a mentor.

_____ (optional) I agree to allow N.Ex.T. Mentoring Program to use photographic images of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

By signing and submitting this document, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature

Date

For more information, contact Travis at 858-866-0959. Please return this completed form to travis@challengedathletes.org