



# Great Start Parent Mentor Application Form

Thank you for applying to be a parenting mentor for our Great Start program! This program is for first-time or young parents of a newborn child. What will you do as a parenting mentor?

As a Great Start, parent mentor, you will be matched with pregnant (late term) of their first baby, or parent/s of a newborn if they are 20 years of age or younger (they can have other, young children already). You will meet and have the opportunity to build a positive relationship and support system with the young parent/s you mentor. Your role is to encourage them, offer parenting insight from your, successful experiences as a parent, share parenting resources (child development, bonding/attachment, health/nutrition, safety, self-care), connect them with local parenting/child programs and aid, offer general life guidance, and friendships. You may continue this relationship with your mentor as long as you wish. You are encouraged to develop a healthy relationship, which may include; going out for coffee, inviting them over for a meal, trips to the park or other outings, game nights, grocery shopping, and offer support if they need an advocate going to the going for their baby or applying for child/parent resources. It is suggested that you have weekly contact, whether by phone or in-person.

What do participating new/young parent/s receive when they join the Great Start program?

1. Baby basket with; baby blanket, beanie/hat, diapers, wipes, baby outfit, onesie, small toy and/or book for the baby, bottles, pacifier, nursing pads, a parenting books, parenting resources, and information on community services that can be of benefit to the parent.
2. Parent mentor
3. Free, professional photo of the baby
4. Support of iMPACT! Compassion Center programs, services, and resources.

Please read over the program overview, prior to applying, to understand how the program works and answer any questions before you apply. This is a voluntary program. However, it is highly recommended to stay committed to staying involved, as long as the participating parent/s wish to. You will be required to stay in communication with iMPACT! Compassion Center, primarily, Jennifer Felicitas, unless otherwise assigned, to share update/s, progress, and/or concerns.

To apply, fill out each section of the application, which includes a form to be filled out and signed by someone that knows you and your family, and can support your need for participation. Attached to your section is a form that you need to have filled out by at least 2 references who know your character and about your parenting.

Name of parent mentor applicant \_\_\_\_\_ DOB \_\_\_\_\_

Name of other adult/s in the home \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**I AM:**

- |   |  |
|---|--|
| <input type="checkbox"/> Age: _____                                   | <input type="checkbox"/> Have my high school diploma or G.E.D.           |
| <input type="checkbox"/> Single                                       | <input type="checkbox"/> Have a degree: _____                            |
| <input type="checkbox"/> Married                                      | <input type="checkbox"/> Have my own place to live (either rent or own)  |
| <input type="checkbox"/> Divorced                                     | <input type="checkbox"/> Work FT/PT or Self-Employed                     |
| <input type="checkbox"/> Have _____ other children, ages _____        | <input type="checkbox"/> On TANF (cash assistance), SSI/SSA/Disability   |
| <input type="checkbox"/> Disabled/have special needs                  | <input type="checkbox"/> have transportation: ___ car, ___ bus ___ other |
| <input type="checkbox"/> Have a child/ren with special needs          | <input type="checkbox"/> I can speak these                               |
| <input type="checkbox"/> In a healthy relationship (married or other) | languages: _____   |

List all agencies you are working with:

- 1.
- 2.
- 3.

Describe your current role as a parent, and any skills, strengths, abilities, or offering/s you feel you have to provide when becoming a Great Start Parent Mentor for first-time parent/s (or pregnant) and/or teen parent/s:

Describe your knowledge of and abilities to offer insight/guidance into the following parenting areas:

- 1. Health/nutrition of parent/s and baby/child:
- 2. Safety of the parent/s and baby/child:
- 3. Stages of child development and growth:
- 4. Bonding/attachment/relationship building:
- 5. Other parenting education/experience:

Maximum Number of Families/Parent/s I wish to mentor, initially: \_\_\_\_\_, later time: \_\_\_\_\_

Have you ever been a mentor, and/or life coach, parent educator, social worker, counselor, or similar? If yes, please share:

Do you or any person in your home have a misdemeanor? Yes No Felony? Yes No  
Please describe:

(You will be required to pass a criminal background check to be approved)

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By signing this, I agree to participate in the Great Start, new parent, mentoring program, as a Great Start Parent Mentor, and understand how the program works and what my role will be. I will not hold iMPACT! Compassion Center liable for anything associated with any services by the organization and/or any participants.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

## Great Start – Parent Mentor Reference Form

(Reference must be filled out by any person/s who can verify your character and general parenting ability)

Name of Great Start Parent Mentor: \_\_\_\_\_

Name of other adult/s in the home; \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Relationship to Great Start Parent Mentor: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

To the best of you knowledge, does the applicant have children in the home? \_\_\_\_\_

Do you feel the applicant would be a good fit for the Great Start program, as a Parent Mentor, and if so, why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some things that you would like to share, in addition, to help us determine a good "fit" for the applicant, and their ability to be a Parent Mentor for our Great Start Program:

By signing below, I attest to the Reference statements made.

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

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(Reference must be filled out by any 2 person/s who can verify your character and general parenting ability)

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Name of other adult/s in the home; \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Relationship to Great Start Parent Mentor: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
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