



Mentoring Program

116 Kapiolani St, Hilo, HI 96720 (808) 443-4717; Fax: (808) 933-2760

Hope Services Hawaii - Mentoring Program

Hope Services Hawaii is seeking persons who are good role models and can demonstrate by example the types of life skills, work ethics and attitudes needed to be a productive member of society. Hope Service Hawaii's Mentoring Program matches Mentors recruited from our community with individuals (Mentee's) returning home from Hawaii's correctional system and will provide all the necessary training and support. These "returning residents" are our family, neighbors, friends, co-workers and fellow church members. They need your help, hope and positive influence to successfully transition into our communities. You will have the opportunity to be personally enriched by sharing knowledge and helping create a safer community. A Mentor is a person who leaves a living legacy behind in the form of people who have benefited from the mentor's life. Mentoring is one of the least expensive and most powerful methods to change the world, one life at a time.

If Interested, Applicants Must:

- Be 21 years of age or older
- Be employed, enrolled in school, or retired
- Provide copy of current TB Test results (Tested within last Two (2) years)
- Complete and submit Department of Public Safety Application Package (Application Form, Volunteer Reference Form, Consent for Criminal Background Check and attend mandatory VolinCor Training.)
- Make a one (1) year commitment to mentoring an ex-offender face-to-face for a minimum of one (1) hour per week
- Commit to continue mentor education through mentor support meeting, and be willing to participate in supplementary mentor workshops
- Agree to a criminal background check. (Criminal history will not necessarily disqualify applicants.)
- Complete and submit Hope Services Hawaii, Mentoring Program Application Package

To find out how you can help or for more information, please contact:

Steven "Happy" Stachurski, Mentoring Program Coordinator
Hope Services Hawaii.
116 Kapiolani Street
Hilo, Hawaii 96720
sstachurski@hopeserviceshawaii.org
Cell #: (808) 443-4717



Mentoring Program

Mission Statement

Implement pre- and post- release mentoring services in partnership with Hawaii Community Correctional Center's (HCCC) program, to increase public safety and reduce recidivism for 50 HCCC inmates transitioning back into our Big Island communities.

GOALS

- Mentors provide support to mentees one-on-one, to foster an interpersonal relationship that will help mentees develop personal goals, talk through problems, gain hope, and increase self-confidence.
- Mentors and program staff encourage self-efficacy in mentees by supporting and encouraging them to make the positive choices that add up to a successful future.
- The Program Coordinator will provide for the quality and continuity of care for mentees through collaborative efforts between the mentees, mentors, service providers, and criminal justice services.
- Program Coordinator will provide effective training and support to all mentors and mentees to facilitate a successful mentor-mentee relationship.

OBJECTIVES

- Match at least 50 HCCC offenders with appropriate mentors.
- Mentor and mentee spend 4-5 hours meeting face-to-face every month for 12 months.
- Provide at least 4-6 months pre-release mentorship and 6-8 months post-release mentorship.
- Increase public safety by reducing Hawaii County's criminal offender recidivism rate.



Mentoring Program FAQ's

What is Mentoring?

- **Mentoring** is having two or more individuals willing to form a mutual respectful, trusting relationship focused on the potential of the mentee [Kochan & Pascarelli, 2003].
- Help a mentee develop an enhanced sense of self-worth and specific knowledge and skill to increase their chances for personal success.
- Provide support, guidance, and assistance to the mentee as s/he goes through difficult periods, faces new challenges, works to build new skills and adjusts to life back in the community.

What kind of time Mentee support does mentoring involve? And how will I get paid?

- Mentors should expect to commit 5-8 hours a month to their mentoring relationship for 12 months.
 - 4 hrs.– In-person mentoring sessions with mentee
 - 1-2 hrs. – Mentor support (monthly support meeting, one-to-one mentor support)
 - 1-2 hrs. – Mentee support (com. Service, phone/email contact, pro-social activities, ect.)
- *Mentors are volunteers and will not be financially compensated.*

How will I communicate with my mentee?

- Meet with mentee face-to-face once a week for one (1) hour mentoring sessions.
- Mentors and mentees may exchange email and phone numbers (cell phone only for mentors) at the discretion of the mentor.

Where will face-to-face meetings take place?

- Mentoring sessions may take place at any public location (coffee shops, library's, recreational areas, restaurants, churches, etc.) that will allow for semi-private conversation.
- Mentoring sessions may NOT be held in private locations (Mentor or mentees homes, hotels, ect.).



Mentoring Program Pre-Requisites

Mentor Applicant Pre-Requisites

The applicant Must:

- Be 21 years of age or older.
- Be employed, enrolled in school or retired.
- Provide copy of current TB test (within two (2) years of application date.)
- Complete and submit Department of Public Safety Application Packet
- Make a one (1) year commitment to mentoring an ex-offender face-to-face for a minimum of one (1) hour per week.
- Commit to continue mentor education through mentor support meetings, and be willing to participate in supplementary mentor workshops.
- Agree to a criminal background check. Criminal history will not necessarily disqualify an applicant from becoming a mentor.
- Complete and Submit Hope Services Hawaii, Mentoring Program Application Packet

Mentor Expectations

Mentors will:

1. Sign a written agreement committing to a one (1) year mentoring relationship with a mentee.
2. Attend Mentor Trainings.
3. Meet face-to-face with mentee a minimum one (1) hour per week.
 - a. This MAY (at mentor discretion) also include exchanging phone calls (cell phones only) and emails with mentees.
4. Maintain a contact log, recording face-to-face, phone call and e-mail interactions.
5. Keep written notes of mentee relationship, to track and document relationship and progress.
6. Participate in a minimum of six (6) mentor support meetings.
7. Participate in a minimum of two (2) supplementary mentor workshops.
8. Attend at least four (4) community service events with mentee.
9. Maintain confidentiality within the confines of the program.

Ideal Mentors

Mentors will be:

- Active listeners, accepting, authentic, patient, respectful and trustworthy.
- A good role model who is mature and demonstrates by example the types of life skills, work ethics and attitudes needed to be a productive member of society.
- Encouraging and convey a sincere belief in the mentee's ability to succeed.



Mentor Application –Part 1
Hope Services Hawaii Inc.

“Mentoring is to support and encourage people to manage their own learning in order that they may maximize their potential, develop their skills, improve their performance and become the person they want to be.”
Eric Parsloe

Mentoring is a powerful personal development and empowerment tool. It is an effective way of helping people to reach their full potential and transition successfully into the community. Mentoring is a partnership between two people (mentor and mentee) based upon mutual trust and respect. Mentors provide mentee’s an opportunity to improve their understanding of life situations, address challenges, and reflect and learn from mistakes in an atmosphere that is collaborative, empowering, constructive, and confidential.

Please provide the following contact information:

Applicant Name: _____

Title / Occupation: _____

Address: _____

Date of Birth: (DD/MM/YYYY) _____

Email: _____

Best time to contact? (Morning/Afternoon/Evening?) _____

Preferred method of contact: _____ telephone _____ email

To help facilitate an effective mentor/mentee match, please respond to the following questions:

1. Reason(s) for wanting to be a Mentor:

2. Are you employed? How long at your current employment? Job Title

3. Brief description of your present position and responsibilities.

4. Have you ever been a Mentor before? _____ Yes _____ No

5. Is there a particular area/aspect you would most like to work on with a Mentee? If yes, please provide details:

6. Do you have life skills and/or personal life experiences which would be helpful to the Mentor/Mentee relationship?

7. The Mentoring Program requires a commitment of meeting with mentees once a week and attending a monthly support group with a 1 year commitment. Would it be possible for you to commit to the minimum requirements of the Mentorship Program? _____ Yes; _____ No; Please provide days and times that you could be available:

8. What do you perceive as some of your strengths?

9. What do you perceive as some of your weaknesses?

10. What personal Values are most important to you?

11. What do you believe is the best way to encourage others?

12. What do you hope to gain from this experience?

13. Please give five (5) key words which best describe you?

14. Other information that you would like us to consider during the matching process?

Please forward completed form to:

Steven "Happy" Stachurski – Mentoring Program Coordinator

Hope Services Hawaii

116 Kapiolani Street

Hilo, HI. 96720

Phone: (808) 443-4717

Fax: (808) 933-2760

Or email to: sstachurski@hopeserviceshawaii.org

Thank you for your interest in serving as a Mentor with HOPE Services Hawaii Mentoring Program! The Mentoring Program Coordinator will be contacting you soon.



Mentor Application –Part II

We appreciate your interest in becoming a mentor. Please complete this application in its entirety. Incomplete applications will not be processed.

Research has shown that the strongest mentor-mentee relationships occur when the individuals have similar backgrounds. For that reason, personal information is being requested to assist us in matching you with a potential mentee.

ALL APPLICATIONS WILL REMAIN CONFIDENTIAL

General Information		
Ethnicity: Must reflect the greatest of your ethnic background.		
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Asian-Specify
<input type="checkbox"/> Filipino	<input type="checkbox"/> Native American/ Alaskan Native	<input type="checkbox"/> Other Hispanic-Specify
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Pacific Islander	
Of the above, which one do you identify with the most? _____		
Mailing Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Preferred Method of Contact:		
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email		
Marital Status:		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
Children:		
<input type="checkbox"/> Yes <input type="checkbox"/> N		

Background Information

Employment

Occupation:

Student:

Current School Attending:

Current Major:

Employment:

Current Employer:

Current Position:

Retired:

Last Employer:

Last Position:

Education

Highest Level of Education Completed:

High School Some College Associates Degree Bachelor's Degree Graduate or Higher

High School Attended:

Year Completed:

College/University/Trade School Attended:

Year Completed:

Vocational Training Received:

License(s) / Certificate(s) Received:

Personal Profile

First Language:

Primary language spoken at home:

Are you proficient in any other languages? No Yes

If yes, what language(s)?

Please list any hobbies, interests, or special skills?

Please list any clubs, or on-going activities you participate in:
Do you belong to a religious organization? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify the organization?
Are you related to, have a personal relationship with, or know a person that is/has been incarcerated at HCCC in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify?
Do you currently know someone who is incarcerated at HCCC that you would like to mentor? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify?

_____ (Initial) I understand that Hope Services-Hawaii, Mentoring Program is not obligated to provide a reason for their decision in accepting nor rejecting anyone as a Mentor.

By signing below, I attest to the truthfulness of all information listed on the application and other forms.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY	
Application Received by:	Date Received:
Upcoming Interview Date:	Upcoming Mentor Training Date:



Mentoring Program

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Mentor Confidentiality Statement

All mentors volunteering for the Hope Services Mentor Program are required to keep confidential all information acquired through their duties and are bound by the strictest regulations concerning mentee confidentiality as follows:

- Mentee name, identity, and records are not to be disclosed to others, unless the Mentee a written consent to authorize release of his/her own records.
- Mentee documents and records are to be handle with care in such a manner that's ensures confidentiality.
- Mentee identifying records are to be placed in a desk drawer, file cabinet, or other secured places when not in use.
- Phone conversations or email information involving mentee identity should be conducted in a discreet and sensitive manner.
- All information discussed between the mentee and mentor is to be kept confidential, unless the following occurs:
 - The mentor has reasonable evidence to suspect that the mentee is an endangered threat to him/herself or another person
 - The Mentor has reasonable evidence to suspect that the mentee has or will perform acts of sexual harassment, abuse, or misconduct.
 - The Mentor has reasonable evidence to suspect that the mentee has or will perform acts of child abuse or neglect.
 - The Mentee provides written authorized consent for the Mentor to release his/her own confidential information.
- If the mentee's confidentiality is breached, then grounds for disciplinary action may occur.

I have read and agree to the guidelines above, and have been given a copy of the Mentor Confidentiality Statement. I have been able to ask questions about it, and have received satisfactory answers to my questions.

Print Name

Signature

Date