



2008 N. Garey Ave, Pomona CA 91767  
 Phone: 909-623-6131/Fax: 909-326-4690  
 website: www.tricitymhs.org

TO BE COMPLETED BY TRI-CITY

Date application reviewed: \_\_\_\_\_

Approved  Denied

Interview Date \_\_\_\_\_

## Application for Peer Mentor Program

### DEMOGRAPHIC INFORMATION

APPLICANT'S NAME LAST	FIRST	MI	DAYTIME TELEPHONE NUMBER
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MAILING ADDRESS	CELL NUMBER
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CITY	STATE	ZIP CODE
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EMAIL ADDRESS	HIGHEST LEVEL OF EDUCATION	YOUR AGE RANGE <input type="checkbox"/> 16-25 <input type="checkbox"/> 26-59 <input type="checkbox"/> 60 +
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PRIMARY LANGUAGE	BILINGUAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER LANGUAGES SPOKEN
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### VOLUNTEER EXPERIENCE

<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NONE	<input type="checkbox"/> CURRENT	<input type="checkbox"/> PREVIOUS
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ORGANIZATION NAME	LENGTH OF SERVICE
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BRIEFLY DESCRIBE YOUR JOB DUTIES

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### ACADEMIC STATUS (If applicable)

CURRENT STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
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<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> N/A	<input type="checkbox"/> HIGH SCHOOL	<input type="checkbox"/> COLLEGE/TRADE
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NAME OF SCHOOL \_\_\_\_\_

<input type="checkbox"/> FRESHMAN	<input type="checkbox"/> SOPHOMORE	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> SENIOR	<input type="checkbox"/> GRAD SCHOOL
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COLLEGE MAJOR	<input type="checkbox"/> N/A
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### STATEMENT OF UNDERSTANDING

<b>Please read - Signature Required</b>	Please initial
* I understand that all applicants are subject to review and therefore submission of this application does not guarantee acceptance.	_____
* I understand that this program requires a 9 month commitment and my attendance at the bi-weekly Peer Mentor meetings.	_____
* I understand if my application is excepted I must clear a background check, drug screening and complete a mandatory 8hr training.	_____
* I understand that this is a volunteer program and I will not be a paid employee of Tri-City Mental Health Center.	_____

SIGNATURE	DATE
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1. Why do you want to become a peer mentor?

a. What do you hope to contribute?

b. What do you hope to gain from the experience?

2. What qualities would make you a good peer mentor?

3. How do you feel a mentee can benefit from your life experiences?

4. List any experience related to peer mentoring

5. Do you have any related coursework and/or mentoring experience that you can bring to this position?

PLEASE SUBMIT APPLICATION TO:  
TRI-CITY MENTAL HEALTH CENTER  
2001 N. GARY AVE.  
POMONA, CA. 91767  
or fax it to: 909-326-4690 Attn: Jennifer Phang  
email to: p2p@tricitymhs.org