# Intergenerational Mentorship Program

Thank you for your interest in the Intergenerational Mentorship Program with Atira Women’s Resource Society.

The Intergenerational Mentorship Program builds healthy multigenerational relationships within two housing programs, Imouto Housing for Young Women and the Recycled Shipping Container Housing, located next door and both operated by Atira Women’s Resource Society. The Intergenerational Mentorship Program consists of older women, who live in the Container Housing, and actively participate as mentors for the young women at Imouto Housing. While women are living in the Container Housing, they must commit to participating in the Intergenerational Mentorship Program.

The young women involved in the Imouto Housing program come from diverse backgrounds, which can include situations such as violence, abuse, exploitation, homelessness, unsafe housing, active addiction, mental health issues and survival sex work. Having a mentor be there for them, to listen to them and spend time with them can have a tremendously positive impact in the lives of these women.

Before you fill out this application, please make sure you meet the criteria to be an Intergenerational Mentorship Mentor. Yes, I am:

* At least 50 years old;
* Healthy, reliable, respectful and accepting of others;
* Able to commit to participating in the different aspects of the Intergenerational Mentorship Program for a minimum of 15 hours a month;
* Able to have fun and be a positive support for a young woman!

Please **fill out the application form** and return it to Atira Women’s Resource Society by email, mail or in person. Once we receive your application we will contact you to schedule an interview. You will have a maximum of one month to complete the remainder of the application (Criminal Record Review, references, and interview). If an interview is not conducted within the month, your application will be deemed closed and you will have to apply again. We will not hold a vacant unit for you if there are other suitable applicants so it is best to schedule your interview as soon as you are able.

What next? Once we’ve reviewed your application and Criminal Record, checked your references and you’ve attended an interview, we will determine your acceptance and notify you (acceptance is at the sole discretion of Atira Women’s Resource Society). Once you are accepted, you will be contacted and a move in date will be established for the Shipping Container Housing.

Thank you for your interest in the Intergenerational Mentorship Program – we look forward to getting to know you!

Warmest Regards,

Atira Women’s Resource Society

If you have any questions, please email me at jennifer\_kleinsteuber@atira.bc.ca or phone 604.219.7435. Once the application is completely filled in, please print and sign it, and submit it to:

|  |  |
| --- | --- |
| Post mail to:  Intergenerational Mentorship Program  Atira Women’s Resource Society  101 East Cordova Street, Vancouver, BC V6A 1K7 | Email to:  jennifer\_kleinsteuber@atira.bc.ca |

# Mentor Application

## General Information

(Please fill in electronically, and then print for signature. Either mail in or scan and email)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Gender Identification** | Female  Trans        Other | | |
| **Today’s Date** |  | **Birthdate** |  |
| **Email Address** |  | | |
| **Primary Phone** |  | **Other Phone** |  |
| **Address** |  | | |
| **City, Province** | , BC | **Postal Code** |  |

Have you lived at the above address for one year?  Yes  No

If no, please attach a separate list of addresses you have lived at for the past year.

What is the best way to contact you?  Email  Primary Phone Number

What day of the week and time of day is best to reach you?

How did you find out about the intergenerational mentorship program?

Atira Women’s Resource Society website

Referral from another organization or outreach worker

A friend

A co-worker

Volunteer website:

Newspaper or magazine:

Other

Can you give an example of how you have participated in your community to make it a fuller and richer environment?

## Emergency Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Contact** |  | | |
| **Relationship to You** |  | | |
| **Primary Phone** |  | **Other Phone** |  |
| **Address** |  | | |
| **City, Province** | , BC | **Postal Code** |  |

## Schedule/Availability Information

Do you expect to live in Vancouver for at least one year from the start of this program?  Yes  No

Can you offer at least 15 hours of your time per month?  Yes  No

**Comments:**

## Interests

Is your energy level:  High  Medium  Low

Are you an:  Outdoors person  Indoors person  Both

What do you like to do in your free time? (Give specifics, if possible.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you enjoy:** | **Yes** | **No** | **Maybe** | **Comments** |
| Swimming |  |  |  |  |
| Going to parks |  |  |  |  |
| Hiking, walking |  |  |  |  |
| Bowling |  |  |  |  |
| Sewing, needlework, quilting |  |  |  |  |
| Cards, board games |  |  |  |  |
| Cooking, baking |  |  |  |  |
| Movies |  |  |  |  |
| Museums, galleries |  |  |  |  |
| Music |  |  |  |  |
| Drum making |  |  |  |  |
| Cultural, ceremony activities |  |  |  |  |
| Beadwork |  |  |  |  |
| Writing |  |  |  |  |
| Shopping |  |  |  |  |
| Animals |  |  |  |  |

Other interests or hobbies:

Do you have pets?  Yes  No. If yes, what kind?

## Signature

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Printed Name |  |
| Date |  |

# Permission & Release Waiver

I hereby authorize Atira Women’s Resource Society to contact any or all of the references I have named for the purposes of processing my application to become a mentor with Atira Women’s Resource Society. I understand that these references will be contacted in confidence.

I further authorize any individuals, firms, corporations, government or other regulatory departments, and Police Department or other organization to release information and copies of documents pertaining to myself to Atira Women’s Resource Society in order to consider my application to mentor with Atira Women’s Resource Society, on the understanding that such information will be held in strict confidence.

I understand that this application and subsequent information in my file is the property of Atira Women’s Resource Society.

I understand and consent to the implications of this Permission & Release Waiver.

I further agree that this waiver is made of my own free will and without duress and that the information I have provided in this entire intake package is accurate and true to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
| Signature: |  | Signature of Witness: *(In witness that the applicant has signed this release waiver on the date set out below)* |
| Date: |  | Name: |

*Release to share information with individuals outside of Atira Women’s resource Society will expire within one year of the above date.*

## Reference Contact Information

Please list the names and addresses of two non-family references. Please try to give references who you have known for a while. If you are from out of Province, give at least one reference from your home province. If you have worked in childcare, mentoring, or other volunteer work, please give at least one reference for that work. One reference should be a professional reference.

## Reference 1

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | | |
| **Best phone number to reach them** |  | | |
| **Address** |  | | |
| **City & Province** | , BC | **Postal Code** |  |
| **Email Address** |  | | |
| **How do you know this person?** |  | | |

## Reference 2

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | | |
| **Best phone number to reach them** |  | | |
| **Address** |  | | |
| **City & Province** | , BC | **Postal Code** |  |
| **Email Address** |  | | |
| **How do you know this person?** |  | | |