

Region:

Desert

Palm Springs, Desert Hot Springs
 Cathedral City, Palm Desert
**Family Health & Support
 Network, Inc.**
 74426 Alessandro Drive
 Palm Desert, CA 92260

Western

Moreno Valley/Riverside
Sigma Beta Xi, Inc.
 14340 Elsworth St., Suite B112
 Moreno Valley, CA 92553
 (951) 247-0200

Perris

Contact Information

| | |
|--|---|
| Name | |
| Street Address | |
| City St. Zip Code | |
| Home Phone | |
| Cell Phone | |
| E-Mail Address | |
| Family | <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> #Children |
| How many times have you moved in the past 5 years? | |

Person to Notify in Case of Emergency

| | |
|-------------------|--|
| Name | |
| Street Address | |
| City St. Zip Code | |
| Home Phone | |
| Cell Phone | |
| E-Mail Address | |

Personal Background

| | |
|---|--|
| Health: | <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Excellent |
| Any physical limitations or special concerns? | |
| | |
| Are you taking any medications on a regular basis? (If yes, please describe) | |
| | |
| Have you ever sought counseling/therapy or treatment for any reason? (If yes, please explain) | |
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| Describe your present use of alcohol or any drugs. |
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| Have you ever been a victim of a crime? (If yes, please explain) |
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| Have you ever been involved, investigated, arrested and/or convicted of an assault? (If yes, please explain) |
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| Have you ever been involved, investigated, arrested and/or convicted of child abuse, neglect or sexual molestation of a minor? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain: |
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|--|--|------------------|--|
| Vehicle Information | | | |
| Do you have your own transportation? | <input type="radio"/> Yes <input type="radio"/> No | | |
| License Plate Number | | | |
| CA Drivers License # | | Expiration Date: | |
| Do you have current vehicle insurance as required by California Law? | | | <input type="radio"/> Yes <input type="radio"/> No |
| Company | | Policy Number: | |
| Please describe your driving record and offenses below: | | | |
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| I will promptly report to BRAAF Program Administration any changes in my insurance coverage or Driver's License status. I will provide a current DMV Driving Record Printout at the request of BRAAF Administration. | | | |
| | | | |
| Signature | | | Date |

Elder Information

How did you learn of BRAAF – Community Elders?

What interest you the most about becoming a Community Elder?

What skills can/would you contribute to the program? How will they enhance your ability to be a Community Elder?

What are your interests? What do you enjoy doing in your free time?

Write a brief statement on why you want to serve as a Community Elder.

Elder/Mentee-Family Matching Information

Have you ever applied to be (or have been) a mentor before? If yes, explain.

Yes No

Describe any past experience with youth:

What attitudes and beliefs are of special importance to you?

Are there any traits or behaviors of a young person that would cause you to be uncomfortable with the match?

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| Are there any traits or behaviors of a young person’s family that would cause you to be uncomfortable with the match? |
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| Do you have any special skills or talents you would be willing to share with a youth or their family? |
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| Do you have any particular life skills, experience or expertise you feel would enhance your experience as a Community Elder? |
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|--|--------------------|-------------------|------------------|--------------------|-------------------|
| Availability | | | | | |
| BRAAF realizes that people really want to help, yet their schedules may not always allow their participation. We want to ensure that all interested parties who meet the Elder criteria have an opportunity to participate. In order to ensure such we will need prospective Elders to be very clear about their availability. | | | | | |
| How many hours per month can you commit to: | | | | | |
| Please indicate the time of day, number of hours and days of the week you can commit to. | | | | | |
| Day | Time of Day | # of hours | Day | Time of Day | # of hours |
| Monday | | | Monday | | |
| Tuesday | | | Tuesday | | |
| Wednesday | | | Wednesday | | |
| Thursday | | | Thursday | | |
| Friday | | | Friday | | |
| Saturday | | | Saturday | | |
| Sunday | | | Sunday | | |
| Please describe any limitations you have related to your schedule. | | | | | |
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Agreement & Signature

I understand the BRAAF Program will contact the references provided, and any other persons deemed necessary. I agree to a Department of Justice Criminal Background Check using the Live Scan process at the organization's expense, and driving record verification(s). I will provide BRAAF Administration with a copy of my Driver's License and proof of Car Insurance.

I understand that any misrepresentation of personal information or history could result in termination or non-acceptance as a BRAAF Community Elder.

During the course of program activities photographs, video or tapes may be taken of me and my involvement in the program. I hereby grant permission for these pictures, video or tapes to be used for marketing or instructional purposes to enhance the BRAAF program objectives.

Further, as an Elder I agree that I will:

- Serve as a guide to encourage my mentee, his family and his community at large.
- Attend scheduled Elder meetings and trainings
- Meet the minimum number of hours I have committed to serve as a Community Elder
- Serve as a positive role model to my mentee, his family and the community.
- Be free of the influence of alcohol or any illegal drugs when with my mentee or his family.
- Submit proper documentation of my Elder participation in sessions.
- Always embrace the Community Elder Covenant.

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| Signature | Date |