

# Application for T.E.A.M. Mentoring Program

Date: \_\_\_\_\_

Directions: Please return this application to:

**T.E.A.M. Mentoring, Inc.**  
**P.O. Box 30642**  
**Billings, MT 59107**

All applications are held in confidence. This application and the information it contains are for screening consideration and the applicant only. All answers on this application are optional but the information it contains will allow T.E.A.M. Mentoring to better assess your needs and participation. This application is for non-residential mentoring.

## **SECTION 1. - CURRENT PERSONAL INFORMATION**

Name: \_\_\_\_\_ AO# \_\_\_\_\_ Unit # \_\_\_\_\_ Age: \_\_\_\_\_

Current address or location: \_\_\_\_\_

Choice of Church / Pastor: \_\_\_\_\_

Marital status: \_\_\_\_\_ # of Children & Ages: \_\_\_\_\_

Do you currently have a special relationship (other than your spouse, if married)? Explain: \_\_\_\_\_

\_\_\_\_\_

Name of Case Manager: \_\_\_\_\_ Date Leaving the Prison: \_\_\_\_\_

Leisure time interests: \_\_\_\_\_

Have you graduated from T.E.A.M.'s ReEntry Program? (or presently attending?) \_\_\_\_\_

Have you attended CPR, Anger Management, SOP, Addictions – alcohol/drug classes? If yes, please indicate which ones: \_\_\_\_\_

\_\_\_\_\_

List three references (class instructors, case managers etc.) and phone numbers: \_\_\_\_\_

\_\_\_\_\_

Veteran:  Yes  No

## **SECTION 2 - FAMILY BACKGROUND**

A. Father's name: \_\_\_\_\_  
Brief description of your past/current relationship with him: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Mother's name: \_\_\_\_\_  
Brief description of your past/current relationship with her: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Most significant parental figure in your life. (Could be a guardian, step-parent, etc.): \_\_\_\_\_  
Why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3 - INSTITUTIONAL STATUS**

A. Are you currently or have you been incarcerated? Release Date: \_\_\_\_\_  
Date: \_\_\_\_\_ Place of Offense: \_\_\_\_\_  
Nature of crime and brief explanation: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Place of Offense: \_\_\_\_\_  
Nature of crime and brief explanation: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Place of Offense: \_\_\_\_\_  
Nature of crime and brief explanation: \_\_\_\_\_  
\_\_\_\_\_

B. Will you have to register as a sex offender? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what level? \_\_\_\_\_

C. Will you have to register as a violent offender? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please briefly explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Are you currently or have you been hospitalized for emotional problems or mental illness?

Date: \_\_\_\_\_ Hospital: \_\_\_\_\_

Brief explanation: \_\_\_\_\_

\_\_\_\_\_

**SECTION 4 - ABUSE ISSUES**

Are you currently abusing drugs or alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a history of drug or alcohol abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

Brief explanation of where you are currently in relation to your drug or alcohol abuse history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other issues in your life you consider current or potential addictive behavior in your life (Tobacco, pornography, sexual immorality, gambling, eating disorders, cult involvement, or other): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 5 - PERSONAL FEARS**

Do you struggle with fears that have the potential to overcome or overwhelm you? Yes\_\_ No\_\_

Are they fears of anxiety, helplessness, failure (or success), physical dangers, retaliatory fears, fears of re-offending, or others; please specify and briefly explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 6 - PERSONAL GOALS**

Please list below your - Immediate Goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Short Term Goals (1 to 2 years): \_\_\_\_\_

\_\_\_\_\_

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Long Term Goals (more than 2 years): \_\_\_\_\_

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**SECTION 7 - WORK HISTORY & EXPERIENCE**

- A. What was your favorite job in the last 10 years? \_\_\_\_\_
- Why? \_\_\_\_\_
- B. List your vocational skills: \_\_\_\_\_
- C. Other work experiences: \_\_\_\_\_
- D. If you could pick the perfect job to support yourself, and those for whom you are responsible, what would it be? \_\_\_\_\_

**SECTION 8 - CHURCH / SPIRITUAL HISTORY (Fill out Section 8, if you are interested in faith-based mentoring)**

- A. Did you attend church as a child more than 2 or 3 times per year? Yes\_\_\_\_ No \_\_\_\_
- B. If you attended church, do you remember which church? \_\_\_\_\_  
Where? \_\_\_\_\_
- C. Would you consider your time in that church healthy, or counter-productive?  
Explain: \_\_\_\_\_
- Do you currently have a church preference? \_\_\_\_\_ Name: \_\_\_\_\_

D. Have there been positive spiritual role models in your life? Yes \_\_\_\_ No \_\_\_\_  
Please name them with a brief explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. How would you describe your current spiritual condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. List your spiritual goals or how would you like to see your relationship with God in the future? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 9 - GENERAL**

A. Explain your expectations regarding being a participant in T.E.A.M. Mentoring: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Describe you favorite type of food and/or meal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Do you have a driver's license? Yes \_\_\_\_ No \_\_\_\_ State \_\_\_\_\_  
Do you own a vehicle? Yes \_\_\_\_ No \_\_\_\_

**A. SECTION 10 – MENTORING REQUEST**

A. *Who I am:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. *Who I believe Jesus Christ is:* (Fill out questions B& C if you are applying for faith-based mentoring) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. *How I came to believe my answer to the previous question:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. *Why I desire to have a Mentoring Team:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_