



True Colors

Sexual Minority Youth and Family Services

www.ourtruecolors.org

888-565-5551

True Colors/One on One LGBT Mentoring Application

Background Information:

Youth mentoring programs have had a profound effect on the quality of life for disadvantaged, single-parent or otherwise 'at-risk' identified children all over the country and around the world. Nationally, the well-known mentoring program, Big Brothers/Big Sisters, found that mentored children were significantly *less* likely than their peers to use illegal drugs or alcohol, skip school or be welfare dependant as adults. In addition, these children were significantly *more* likely to graduate from high school and from a college or university.

Connecticut results are similarly positive: One survey of caseload files of children in mentoring relationships found that 77% improved school grades; 63 % improved school behavior; 93% stayed free of drugs or alcohol or both and 96% stayed out of gangs! These are impressive results! Clearly, mentoring makes a difference!

The Safe Harbor Project Mentoring Program seeks to expand the quality of life benefits of mentoring to an additional group of at-risk youth – Lesbian, gay, bisexual and transgender (LGBT) youth. LGBT youth meet all of the requirements for inclusion in an "at risk" or "high risk" category. All too often, youth who are (or who are perceived to be) LGBT are met with harassment and violence at home, at school, and in the community at large. The social isolation and stigma attached to sexual minority status leads to significantly higher rates of substance abuse, suicide attempts and completions; truancy; school drop-outs; running away and homelessness. For a variety of reasons, existing programs – virtually without exception – overlook or ignore the needs of LGBT adolescents. Understanding the issues that these young people face can create an environment where they can benefit from the adult caring and support that is at the heart of mentoring.

Minimum Mentor Requirements:

- 1 Desire to make a profound difference in the life of a young person
- 2 Willingness to spend a few hours per month with one's mentee, a minimum of three times a month for one year.
- 3 The ability to pass a criminal, child welfare, and motor vehicle background check.
- 4 Successful completion of initial interview, reference check and (1) six hour preliminary training session.
- 5 Willingness to participate in monthly group mentor/mentee activities as well monthly on-going training sessions.

Application (Please Print):

Legal Name: _____

Name you prefer to be called: _____

Home Address: _____

Street/Apt.

City

Zip

If applicable, where do you work: _____

Work Address: _____

Street/Apt.

City

Zip

Contact Information: Cell phone: _____

Home Phone: _____

Email (if applicable): _____

Demographic information: (to be used if applicable for mentor/mentee match.) This section is completely voluntary. You do not need to provide this information if you don't wish to. If you choose to fill it out, please use the terminology that is most comfortable for you. One of our goals in creating this mentoring program is to ensure that mentees are able to bring all of their 'social identities' to the mentoring relationship. Some youth may wish to have a mentor with similar racial, ethnic, language, orientation and gender background.

Race/Ethnicity/Culture: _____

Languages in which you are fluent: _____

Gender Identity: _____

Sexual Orientation: _____

Any Other Demographic information: _____

- 1) Why do you want to be a mentor? (Why do you specifically want to mentor an LGBT youth?)

- 2) What do you hope to gain personally from mentoring? What do you hope to offer as a mentor?

- 3) If you are LGBT, what was your own "coming out" process like? What impact did your coming out have your on life, your relationships with family and friends? What are your relationships with family and friends like now? If you're not LGBT, tell us about coming out as an ally.

- 4) What concerns do you have about mentoring or your participation in the program?

Personal References: Please include your reference's name, address and phone number so that we can contact them.

1)

2)

3)

DEPARTMENT OF CHILDREN AND FAMILIES

BACKGROUND INFORMATION SHEET

Mentoring Program

PRINT ALL REPLIES

COMPLETE ALL SECTIONS

SIGN AT BOTTOM

Name: _____
Last Name First Name Middle Name (spell out)

Maiden name (if applicable): _____ Contact Number _____

Classification: _____ Work Location: _____

Have you ever been known by another name (include aliases, legal name changes, etc.)
____ YES ____ NO If yes, list name and reason below:

Home Address: _____
Street City/Town State Zip

Previous Address: _____
Street City/Town State Zip

Date of Birth: _____ Place of Birth: _____
MM/DD/YY City/Town State

Social Security No. _____ Sex: ____ Race: ____ Citizenship: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Do you have a current valid Driver's License? ____ Yes ____ No

State and License Number _____

Has your license ever been Revoked or Suspended? ____ YES ____ NO

If YES, please indicate whether Revoked or Suspended and give reason:

If Reinstated, list date of reinstatement _____

OVER

HAVE YOU BEEN **ARRESTED, and/or CONVICTED** FOR AN OFFENSE AGAINST CRIMINAL OR MILITARY LAW, FORFEITED BOND, AND/OR ARE THERE CRIMINAL CHARGES CURRENTLY PENDING AGAINST YOU? _____ YES _____ NO

Special Note: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a).

IMPORTANT QUALIFICATION: If you have a charge which has been resolved without a conviction, it must be disclosed herein if the matter has not gone to final disposition and your record has not been expunged. Examples include, but are not limited to, a "nolle" (which remains pending for 13 months) and accelerated rehabilitation (which remains pending until all court imposed conditions have been satisfied and the matter is formally dismissed by a judge). It is your responsibility to ensure that any charges not disclosed herein have, in fact, been erased from your criminal history record.

If YES, list below ALL cases, regardless of the disposition, giving details in space provided.

DATE	PLACE	COURT LOCATION	OFFENSE(S)	DISPOSITION

The information I have given above is true, accurate, and complete to the best of my knowledge. I understand any false, inaccurate, misleading or incomplete answer may result in a rescinded offer of employment or disciplinary action including termination from State service.

Signature of applicant / employee

Date signed

NOTE: Fingerprints taken by the Department of Children and Families will be submitted to the Connecticut State Police and the FBI for a criminal history check.



01/2012

Authorization for Release of Information for DCF CPS Search



I, _____ do hereby authorize the Department of Children and Families to research
(Type Applicant Name)

its records to determine whether or not I am on the central registry of persons responsible for child abuse and neglect I understand that this information may be used to determine my suitability solely for (check one): Employment Day Care Volunteer Intern Mentor Other

By: Agency Name / Address/City / State / Zip Code
Attention: Lea Dantz
Agency: True Colors Inc.
Address: 30 Arbor Street, Suite 201A
City: Hartford State: CT Zip Code: 06106

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Dept. of Children and Families in their search.

PLEASE TYPE OR PRINT LEGIBLY / LEAVE NO BLANK SPACES

Name: _____ Date of Birth: _____
 Last First Middle Social Security #: _____
 Address: _____
 Street (No P.O. Boxes) Apartment No. How Long at Current Address: _____
 City State Zip Code Yrs. Mos.

Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary)					Dates		<input type="checkbox"/> Check if reverse side used
Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	From Month/Yr.	To Month/Yr.	

Other Names I have Used – Including Maiden, Previous Marriages(s)			<input type="checkbox"/> Check if reverse side used
Last	First	Middle	

Name of Spouses/Other Adults in the Home – Past and Present					<input type="checkbox"/> Check if reverse side used
Last	First	Middle	D.O.B. Month/Day/Year	Signature/Date (If Still in the Home)	

Names of ALL Child(ren) – Biological, Stepchildren Including Adult Children In or Out of the Home					<input type="checkbox"/> Check if reverse side used
Last	First	Middle	Sex	D.O.B. Month/Day/Year	

Date: _____ Applicant Signature: _____

THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE FORMS NOT FILLED OUT COMPLETELY AND PRINTED CLEARLY WILL BE RETURNED.

DO NOT LEAVE ANY BLANK SPACES. PLEASE SPECIFY WITH N/A IF NOT APPLICABLE.

DCF Conducts a Search of the CT Registry ONLY The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF

Mail to: DCF Careline Background Searches – 505 Hudson Street – 5th Floor – Hartford, CT 06106 or FAX: 860-560-7071

DCF-CT Careline CPS-BGC USE ONLY. DO NOT WRITE BELOW THIS LINE

DATE: _____ Central Registry: YES _____ NO _____ Processor's Initials: _____