



Cornerstone is a mentoring program that pairs intellectually and developmentally disabled adults with their non-disabled peers. The goal of the program is to provide individuals the opportunity to increase their individual potential by building and sustaining meaningful friendships.

We invite you to join our program with the completion of these steps:

1. Complete and return this application.
2. Submit the following:
 - Copy of your Driver's License and proof of insurance
 - Any other certifications that you may possess (First Aid, CPR, Mandt, etc)
3. Complete face-to-face interview with program staff.
4. Attend initial program training and orientation sessions at the Arc
5. Communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the program.
6. Attend additional program trainings (2 per year) after being matched.

Eligibility Requirements:

- Be at least 18 years old and out of high school.
- Live in Wichita vicinity
- Be dependable and consistent in meeting time commitments
- Have reliable transportation
- Be drug and alcohol free
- Pay fee for Cornerstone membership.
- Must commit to a minimum of one year

*The Arc of Sedgwick County, Inc.
Cornerstone
2919 W. 2nd Street
Wichita, KS. 67203
Please Call Chelsea Chilcott 316-943-1191
Or e-mail: cchilcott@arc-sedgwickcounty.org
For more information please visit our website
www.arc-sedgwickcounty.org*

Mentor Application

Cornerstone appreciates your interest in becoming a mentor.

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Alternate Phone _____

Date of Birth _____ Gender: Male Female Email _____

References

A minimum of two personal references are required.

(1) Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

How do you know this person? _____

How long have you known this person? (In years) _____

(2) Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

How do you know this person? _____

How long have you known this person? (In years) _____

Interest Survey

Please complete all the following. This survey will help Cornerstone program staff know more about you and your interests and help us find the best match for you.

What are the most convenient times for you to meet with your buddy? Please check all that apply.

Weekdays Lunchtime Evenings Weekends Other

Do you know sign language? Yes No

Please check all activities that you are interested in:

Biking Camping Cooking Library Movies Videogames Swimming Gardening Walking

Television Fishing Animals Photography Music Board Games Art Sports Travel

Shopping Exercise

Please list any other areas of strong interest:

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Can you commit to participate in Cornerstone program for a minimum of one year? Yes No
2. Are you available to meet with your buddy once a month and have contact at least once per week? Yes No
3. What gender do you prefer your buddy to be? Male Female No preference.
4. Please select a preferred age range(s) for your buddy. 18-25 26-35 36-49 50+ No preference
5. What level of function would you prefer your buddy to be? High Low No preference

For the safety of the individuals we serve, it is required that you answer the following questions.

- Have you ever been convicted of a crime? Yes No
- Have you ever or are you currently using any illegal drugs or controlled substances? Yes No
- Have you ever been convicted of a DUI? Yes No
- Have you ever received treatment for alcohol or substance abuse? Yes No
- Have you ever received treatment for a mental disorder? Yes No
- Have you ever been convicted of abuse, neglect, or exploitation of a youth or person with disabilities? Yes No

If you answered yes to any of the questions above, please explain the circumstances in the space below.

Please read this carefully before signing:

Please initial each of the following:

_____ I agree to follow all program guidelines, policies and procedures. I understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that the program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

By signing below I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature _____ Date _____

Please return or mail this application

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