



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. Attend initial orientation sessions at the Arc
4. 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.

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.

*The Arc of Sedgwick County, Inc.  
Cornerstone  
2919 W. 2<sup>nd</sup> Street  
Wichita, KS. 67203  
Please Call Krystian Fish 316-943-1191  
Or e-mail: [krystianfish@arc-sedgwickcounty.org](mailto:krystianfish@arc-sedgwickcounty.org)  
For more information please visit our website  
[www.arc-sedgwickcounty.org](http://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** \_\_\_\_\_

Do you prefer email, text or phone call? \_\_\_\_\_

### 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 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. Are you available to contact your buddy on a regular basis?  Yes  No
2. What gender do you prefer your buddy to be?  Male  Female  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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