



STRIDE Hawai'i Supplemental Application

Name of Prospective Mentor: _____

Date: _____

Personal Information

Date of Birth _____

Gender: Male Female
 Marital status: Single Married Separated Divorced

Emergency Contact Information

Name(s): _____ Relationship: _____
 Street Address: _____
 City: _____ ZIP Code: _____
 Home Phone: _____
 Contact's Work Phone: _____
 Contact's Mobile Phone: _____ E-Mail Address: _____

Medical Information * This is optional, but may be helpful in case of emergency. *

Name of primary care physician	
Physician's address and phone number	
Name of health insurance provider	
Health insurance policy number	

Do you currently have any medical conditions?	<input type="checkbox"/> NO <input type="checkbox"/> YES Describe:
Do you currently have any mental health conditions?	<input type="checkbox"/> NO <input type="checkbox"/> YES Describe:
Do you have any allergies? Are any of them life threatening?	<input type="checkbox"/> NO <input type="checkbox"/> YES Describe:
Do you have any restricted activities?	<input type="checkbox"/> NO <input type="checkbox"/> YES Describe:
Are you currently taking any prescription medications?	<input type="checkbox"/> NO <input type="checkbox"/> YES List all:



Mentee Matching Information

Interests, Hobbies, and Preferred Use of Mentoring Time

Directions: Please rate how much you would enjoy doing these activities with your mentee. We want to make sure that you and your mentee have similar interests. Please check the box that describes how you much you would want to do each activity with your mentee. Keep in mind that you might have to pay for your own ticket or entry fee if the activity costs money.

Type of Activity	Love to do	Like to do	Don't like to do	Hate to do
Have mentee intern at your place of work				
Go to cultural events, art museum, etc				
Watch sporting events				
Go to nature-related events or places				
Play computer-based games				
Tour different types of workplaces				
Go to the library				
Go to coffee shop and talk / play games				
See movies				
Do homework or review homework				
Do community service project (such as beach clean-up, or volunteer at the zoo)				
Play card games				
Go on a hike or ride a bike trail				
Doing craft projects				
Going to a musical concert				
Visit college campuses and meet professors				

Why not list a few activities that we haven't thought of? Here, you can list things that you love OR hate – just fill in the activity and check the appropriate box.

Type of Activity	Love to do	Like to do	Don't like to do	Hate to do



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Interests, Hobbies, and Preferred Use of Mentoring Time (continued)

In general, when would you prefer to meet with your mentee? Remember, you only have to commit to meeting one hour per week.

	Daytime	Evenings
Weekdays		
Weekends		

Other Background Information

Do you have access to transportation? NO YES

What kind of transportation is it? _____

Do you have computer access (at home, school, or the library)? NO YES

Do you use computers often? NO YES

Do you use the internet often? NO YES

Please tell us why you want to work with a mentee, and what you hope to get out of this experience. _____

Preferred Mentee Profile

If you have preferences for a Mentee, please indicate below. If you do not have any preferences, please check "No Preferences."

I prefer to mentor a mentee whose age is between:

- No Preference
- 16 - 19
- 20 – 26

I prefer to mentor a mentee with the following disability: (Check all that apply)

- No Preference
 - Blind / Low Vision
 - Cognitive Disability
 - Physical Disability
 - Other Disability
 - Deaf-Blind
 - Learning Disability
 - Emotional Disability
 - Deaf / Hard of Hearing
 - Mental Retardation
 - Mental Illness
- Specify: _____



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I prefer to mentor a mentee with the following disability: (Check all that apply)

- No Preference
 - Blind / Low Vision
 - Cognitive Disability
 - Physical Disability
 - Other Disability
 - Deaf-Blind
 - Learning Disability
 - Emotional Disability
 - Deaf / Hard of Hearing
 - Mental Retardation
 - Mental Illness
- Specify: _____

Preferred Mentee Profile (continued)

I prefer to mentor a mentee whose residential area is: (Check all that apply)

- No Geographical Preference (anywhere on Oahu)*
- Downtown Honolulu* (including Kalihi and Pacific Heights)
- 'Ewa Beach* (including Makakilo)
- Ko'olauloa* (including Hau'ula, Kahuku, Kawela, Ka'a'awa and Lā'ie)
- Mākaha / Mā'ili* (including Nānākuli and Wai'anae)
- Mililani* (including Waipi'o Acres)
- Mānoa / Ala Moana* (including St. Louis Heights)
- Pearl City / 'Aiea* (including Hālawā Heights, Pacific Palisades, Pearl Harbor and Waimalu)
- North Shore* (including Waialua, Hale'iwa, and Sunset Beach)
- Wahiawā* (including Wheeler AFB and Whitmore Village)
- East Honolulu* (including Diamond Head, Hawai'i Kai, Kāhala, Kaimuki, Kapahulu, Kuli'ou'ou, Niu, and Waikīkī)
- Waimānalo / Kāne'ohe* (including Kahalu'u, Kailua, Maunawilli, and Punalu'u)
- Waipahu*
- Other Location* Specify: _____



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I prefer to mentor a mentee whose ethnicity is: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> No Preference | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese |
| | <input type="checkbox"/> Other Ethnicity: _____ |

Agreement and Signature

By signing below, I understand that:

1. If called upon, I am not obligated to perform the volunteer services herein applied for.
2. STRIDE is not obligated to assign or actively seek to assign me a STRIDE mentee.
3. That as a part of the STRIDE matching process, a STRIDE staff member may ask me for additional personal information.
4. STRIDE reserves the right at all times to terminate any match between any volunteer and mentee, for whatever reason.
5. STRIDE is a subsidiary of the Research Corporation of the University of Hawaii, a 501(c)(3) organization, mentors are protected by the Volunteer Protection Act of 1997.
6. If selected as a mentor, that I will be a “mandated reporter” of child abuse incidents.
7. I will be dismissed from the STRIDE if I am violent, abusive of others or myself, or am convicted of breaking state or federal laws.
8. If selected as a mentor, I will **NOT** be reimbursed for any expenses incurred during my activities as a mentor (i.e., cost of gas, bus fare, ball games, eating dinner, etc.)
9. As a mentor, I understand that I may be required to provide transportation to my mentee.
10. I understand that overnight stays or overnight events with my mentee are **NOT** permitted.

I declare that all of the statements made in this application are true, complete and correct to the best of my knowledge. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a participant, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Applicant's Full Name (Print): _____

Applicant's Signature

Date



Mentor Liability Release

I understand and agree that I will be the one actually spending time with my matched mentee, and that I must exercise care in supervising my mentee while we are together. I also understand and agree that I am not a STRIDE agent, and STRIDE does not retain any power to control how these activities are conducted except to require these activities to be conducted in the state of Hawai'i. I, therefore, agree that STRIDE will not be liable for, and I agree to hold STRIDE harmless from any and all liability, causes of action and losses imposed on it in any way relating to or arising out of this mentoring agreement, including, but not limited to, liability for personal injuries, whether the liability, cause of action, or loss is caused by my negligence, or STRIDE negligence or otherwise. I further release STRIDE from any and all liability, claims, demands or actions or causes of action whatsoever arising out of any damage, loss or injury I might incur while participating in any of the activities contemplated by this mentoring agreement, whether such damage, loss, or injury is caused by the negligence of STRIDE, its officers, agents, servants, employees or otherwise.

Full Name of applicant (Print): _____

Applicant's Signature

Date

Publicity Release

I hereby grant permission to the STRIDE Hawai'i Mentoring Project to photograph and release photographs of myself to the newspaper, television, and other media, as the agency sees fit, for the purpose of educating the public about disabilities and employment.

Full Name of applicant (Print): _____

Applicant's Signature

Date