

***A FORCE FOR GOOD: CHICAGO POLICE DEPARTMENT'S PROGRAM TO
STRENGTHEN COMMUNITY AND FAITH-BASED ORGANIZATIONS***

MENTOR APPLICATION

Applications must be submitted by email no later than December 10, 2012.

To complete the application: Attach a copy of your resume when submitting the application to: ForceforGood@chicagopolice.org.

I. APPLICANT INFORMATION
Name:
Phone:
Secondary Phone:
Address:
City/State/Zip:
E-mail Address:
II. APPLICATION QUESTIONS
1. Can you commit to six months, a minimum 4 hours per month, to provide mentoring, coaching and support to a non-profit community-based organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Why do you want to be a mentor for a non-profit CBO?
3. How will your experience, either as a mentor or service provider for a corporation or nonprofit organization, benefit a non-profit CBO?

<p>4. What professional skills (or, training skills) and qualities do you have that will be useful to mentorship for non-profit CBO?</p>
<p>5. As a mentor, in which setting are you more comfortable (select one or more)?</p> <p><input type="checkbox"/> a small group <input type="checkbox"/> one-on-one <input type="checkbox"/> either</p>
<p>6. Do you have any current or past professional registrations? e.g. C.F.R.E.; P.M.P</p> <p><input type="checkbox"/> Yes. What type?</p> <p><input type="checkbox"/> No</p>
<p>7. Are you willing to attend a mentor orientation/training session before being matched with a non-profit CBO?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>8. Describe a most notable accomplishment you achieved either as a mentor or in your profession.</p>
<p>9. In your opinion, what is the community's role in furthering public safety?</p>
<p>10. Availability (select as many as desired)</p> <p>Time Range: 9 a.m. – 1 p.m.</p> <p><input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun</p> <p>Time Range: 3 p.m. – 7 p.m.</p> <p><input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun</p>

III. MENTORING AREAS / SKILLS NEEDED (Select one or more)

Mentoring Type:	1-on-1	Group	Either
Board Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Database Development and Information Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grantsmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resource Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mission and Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. AUTHORIZATION

I hereby affirm that the information contained within this form and the attached documentation is accurate.

Please check each box and sign below:

- ☐ I understand that the mentoring commitment is for six months, and a minimum of four hours per month.
- ☐ I understand that the FFG Mentoring Program is a volunteer position.
- ☐ If selected, I agree to attend the FFG Mentoring Orientation.
- ☐ (Optional) I agree to allow the FFG Mentoring Program to use any photographic image of me taken while participating in this program. These images may be used for marketing and promotional materials.

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

Signature:

Date:

We appreciate your interest in becoming a Force for Good (FFG) mentor.

