



## LONG-TERM SUPPORT LEVEL: MENTEE APPLICATION PROCESS

### *Who can be a mentee?*

- Recently approved as a licensed/certified foster/kinship home.
- Have been fostering/providing kinship care up to 1 year.
- Mentee should be the main caregiver and/or the one most available to meet with mentor. Only **ONE** mentee per home can apply.

### *What are my roles and responsibilities as a mentee?*

- Participate in mandatory orientation session with program supervisor/coordinator
- Commit to mentoring program for a minimum of one year
- Respond to mentor contact
- Ask mentor for support, set goals with mentor, take advantage of learning opportunities
- Provide evaluative feedback to mentorship supervisor/coordinator

The application process has 2 steps:

### 1. Application

Please ensure that all parts of the application have been filled out clearly, completely and accurately. You may scan and email it back to [melissa@afpaonline.com](mailto:melissa@afpaonline.com), or fax it in (780-426-7151 attn: Melissa Gee) or mail in your application (Alberta Foster Parent Association, c/o Melissa Gee, 9750 - 35th Avenue, Edmonton, AB, T6E 6J6).

### 2. Contact

Applicants will be contacted by the mentorship supervisor/coordinator. Please contact us if you have not received any responses after one month of application.

Successful applicants will be invited via email and/or phone to complete a 1/2 hour mentor orientation session. Please note that participating in the orientation session is mandatory to participating in the mentorship program.

## FREQUENTLY ASKED QUESTIONS – MENTEES

Do you have a question about the AFPA Mentorship Program?

Please read through these questions before contacting us directly.

- *How do you decide on a mentor?*  
The Mentorship Coordinators consider each mentor application individually. If the applicant meets the qualifications, has strong communications skills and personal strengths, a range of experience with the child intervention system, as well as the support of their support workers, they will be considered an excellent candidate to become a mentor.
- *How do I get matched up with a mentor?*  
Mentors and mentees are matched on the basis of what areas of knowledge are marked on the referral forms, in addition to their geographical locations. We will try to match you up as best as possible to the closest mentor in your area.
- *When will I find out that I am in the program?*  
We will notify all successful applicants via email and/or phone as soon as possible. Please contact us if you have not received any responses after a month of application.
- *Do I need to meet my mentor in person?*  
Mentors typically correspond with their mentee via phone or email once per week in addition to in person once a month, if necessary or preferred. The mentee and mentor are encouraged to discuss and establish an approach and schedule that best meets their needs.
- *What happens if I don't get along with my mentor?*  
Please contact Melissa Gee (see information below), should you run into any difficulties throughout your mentoring relationship. If there is incompatibility for any reason, you and your mentor will be asked to comment so appropriate follow-up action can be taken.
- *If I am having trouble accessing the mentee application, what can I do?*  
Please contact Melissa Gee, Mentorship Supervisor, and include specific details of your situation.
- *If I have more questions, whom do I contact?*  
Please contact Melissa Gee, Mentorship Supervisor at [melissa@afpaonline.com](mailto:melissa@afpaonline.com) or 780-701-4090.

## MENTEE APPLICATION FORM



**You must be approved or have been recently approved as a licensed/certified foster/kinship home. You are a foster/kinship parent who has been fostering/providing care up to 1 year.**

Name (surname/first/middle): \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_

Telephone No: \_(\_\_\_\_\_)\_\_\_\_\_ Alternate Telephone No: \_(\_\_\_\_\_)\_\_\_\_\_

Address (PO Box, Apt/Unit, Street No/Name): \_\_\_\_\_

City/Town: \_\_\_\_\_, ALBERTA Postal Code: \_\_\_\_\_

Region: \_\_\_\_\_ Department/Agency: \_\_\_\_\_ Email: \_\_\_\_\_

*If applicable*, I am in the \_\_\_\_\_ Program (e.g Foster to Adopt, Family Home Program, etc.)

### Foster Care Support Worker Information

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_(\_\_\_\_\_)\_\_\_\_\_

### Areas of Knowledge

The checklist will allow us to better match you with a mentor that could support you with further knowledge in these topics. Please check all that apply. **I would like to learn more about, or need more support in the following areas...**

- |   |   |
|---|---|
| <input type="checkbox"/> Abuse  | <input type="checkbox"/> Foster Care Policy   |
| <input type="checkbox"/> Adolescence  | <input type="checkbox"/> Child, Youth, Family Enhancement Act                           |
| <input type="checkbox"/> Attention Deficit Hyperactive Disorder (ADHD)  | <input type="checkbox"/> Advocating within the foster care system                       |
| <input type="checkbox"/> Behavioural/emotional issues   | <input type="checkbox"/> Navigating the foster care system                              |
| <input type="checkbox"/> Cerebral Palsy   | <input type="checkbox"/> Following proper channels of communication                     |
| <input type="checkbox"/> Cleft palate   | <input type="checkbox"/> Communicating effectively with support worker                  |
| <input type="checkbox"/> Developmental delay  | <input type="checkbox"/> Communicating effectively with case worker                     |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Communicating effectively with biological family               |
| <input type="checkbox"/> Difficult delivery   | <input type="checkbox"/> Knowledge of provincial and regional committees and activities |
| <input type="checkbox"/> Down's Syndrome  | <input type="checkbox"/> Legal risk   |
| <input type="checkbox"/> Epilepsy   | <input type="checkbox"/> Multiple placements  |
| <input type="checkbox"/> Failure to thrive  | <input type="checkbox"/> Sibling contact  |
| <input type="checkbox"/> Fetal Alcohol Spectrum Disorder  | <input type="checkbox"/> Accessing medical supports                                     |
| <input type="checkbox"/> Hearing/visual impairment  | <input type="checkbox"/> Advocating within the school system                            |
| <input type="checkbox"/> Heart Disorders  | <input type="checkbox"/> General medical concerns                                       |
| <input type="checkbox"/> Hepatitis C  | <input type="checkbox"/> Kinship Care   |
| <input type="checkbox"/> HIV Risk/Positive  | <input type="checkbox"/> Foster-to-Adopt  |
| <input type="checkbox"/> Infants  | <input type="checkbox"/> AFPA Programs  |
| <input type="checkbox"/> Knowledge of culture and traditions (specify the cultural group, e.g. First Nations) _____ |   |
| <input type="checkbox"/> Learning disability/special education  |   |
| <input type="checkbox"/> Multiple Disabilities  |   |
| <input type="checkbox"/> Neglect  |   |
| <input type="checkbox"/> Permanent disability   |   |
| <input type="checkbox"/> Permanent Placement Disruption   |   |
| <input type="checkbox"/> Premature birth  |   |
| <input type="checkbox"/> Psychiatric diagnosis  |   |
| <input type="checkbox"/> Physical Abuse   |   |
| <input type="checkbox"/> Sexual abuse   |   |
| <input type="checkbox"/> Speech delays/impediments  |   |
| <input type="checkbox"/> Spina Bifida   |   |
| <input type="checkbox"/> Transition to Independence   |   |

In this section, please add further information to support this application.

For example, you may discuss your need for a mentor, your fostering background, personal attributes and skills, strengths, educational background, relevant employment, availability, experience with severe, complex, high risk and physical/mental needs of children, etc.

Please review and sign below:

- I wish to become a mentee in the Alberta Foster Parent Association's Mentorship Program.
- I acknowledge that the above information is complete and accurate to the best of my knowledge.
- I have volunteered providing this information to assist with the matching process for the Mentorship Program.
- I understand that the mentor to whom I am matched is ultimately determined and approved by the Mentorship Coordinators.
- I agree to attend the mandatory orientation specific to this program.
- I agree to make the necessary time commitment to maintain the mentoring relationship.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_