



Arkansas Community Correction

Two Union National Plaza Building
105 West Capitol, 3rd Floor
Little Rock, AR 72201-5731
501-682-9510 (office) 501-682-9513 (fax)

MENTOR APPLICATION

Name: _____ Date of Birth: _____

Gender: ___Female ___ Male

Driver's License Number: _____ Expiration Date: _____

Address: _____

City: _____ Zip Code: _____

Telephone: (Home) _____ (Cell) _____

Best time to contact: _____ Email: _____

Occupation: _____

Do you own a vehicle? ___Yes ___No

Are you currently and or attempting to be placed on an offender's list? ___ Yes ___ No

If so please list offender's name and unit: _____

Have you ever worked for a state agency and if so where? _____

(If you are a current ADC/ACC employee or were employed with ADC/ACC within the last 3 years, you are not eligible to be a mentor)

Have you ever been convicted of a felony and have you ever been incarcerated?

___ Yes ___ No *This does not necessarily exclude you from becoming a mentor.*

Please give a short description and include year of conviction, charges, and if you were/are on probation or parole, the year you were discharged:

Please give a brief statement as to why you wish to volunteer with the mentoring program and work with ex-offenders:

As a mentor, your support is vital to the success of the resident's reentry into their local community.

The mentoring commitment is 1 hour per week. The hours are flexible and agreed upon between the mentor and ex-offender for a minimum of 6 months. This time could also include the resident's incarceration and release period.

You may be asked to attend court hearings, and to be available at critical times, including the date of the resident's release from prison.

Initial training, including orientation will be required.

By signing below, you agree to the above terms and also authorize the release of information for the purposes of this application.

Personal References: (One of the references must be someone in leadership/supervisory position).

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

Signature: _____ Signature: _____

Applicant's Signature: _____

Date: _____



**Mentoring Background Check Request Info
(PLEASE PRINT OR TYPE ALL INFO)**

Name: _____
(as it appears on your Driver's License)

Church/Group/Business you are part of: _____

Sex: Male Female

Race: Caucasian Black Hispanic Other: _____

Date of Birth: _____ Social Security #: _____
(must be at least 21 years old)

Driver's License # _____ State that issued DL _____

Mailing Address _____

Phone: _____

Email: _____

If you were ever convicted of a crime, please complete the following:

Year Convicted	Charges	Misdemeanor or Felony?	Date off parole

NOTE: The determination regarding who is given permission to mentor is made by Arkansas Community Correction Reentry Team according to the State of Arkansas Policy. Background checks may take 7-10 days to process.

Return completed form to: ardella.bearden.ACC@arkansas.gov or fax: 501-683-6665.

Please check the appropriate box of the facility you would like to volunteer as a mentor.

ACC Licensed Reentry Facilities

A **Reentry Facility Program** provides housing and programming for one or more *inmates* who have been transferred from ADC to ACC for the purpose of *reentry programming*. An inmate's home or the residence of an inmate's family member must not be considered a reentry facility for purposes of this regulation.

<u>Facility</u>	<u>Gender</u>	<u>Location</u>
<input type="checkbox"/> Covenant Recovery	Male	Malvern
<input type="checkbox"/> Mulligan Road	Male	Pine Bluff
<input type="checkbox"/> Project New Start Esther House	Female	Newport
<input type="checkbox"/> Project New Start Gideon	Male	Newport
<input type="checkbox"/> Quapaw Hidden Creek	Male	Little Rock
<input type="checkbox"/> Quapaw Harmony House	Female	Hot Springs
<input type="checkbox"/> Quapaw Hazel House	Male	Hot Springs
<input type="checkbox"/> Safe Harbor	Male	Little Rock
<input type="checkbox"/> Rellamation House	Female	Jonesboro

<http://www.dcc.arkansas.gov>
<http://www.dcc.arkansas.gov/reentry>
goodgrid.com
Mentor Coordinator – 501-743-0959
ardella.bearden@arkansas.gov