



Please send completed application by one of the following methods.

Mail:

MPACT Mentor Program
7421 Mexico Rd, Ste 200
St. Peters, MO 63376

Email:

cragdale@missouriparentsact.org

Fax: 636-387-7634

Select the Mentor position that best fits your interest.

_____ **MPACT Mentors** are trained volunteers who, on request, provide support to parents and family members of children with disabilities throughout the special education decision-making process. Mentors may also assist in other volunteer assignments or activities. The assignments or activities may include the following.

Assignments:

- Providing one-to-one parent or family assistance, resources, and/or referrals by phone, email, or in person
- Preparing and supporting parents and family members to be effective participants in their child's individualized educational plan (IEP) meetings or other educational meetings
- Disseminating resource materials and specific disability information at resource fairs or community events
- Providing "What is MPACT" presentations to parent support groups, organizations, and universities

Activities:

- Participate in quarterly Mentor meetings online or in person
- Participate in quarterly Mentor trainings online or in person
- Submit required reporting documentation
- Provide input for MPACT's strategic plans

_____ **MPACT Transition Mentors** are trained volunteers who specialize in the transition process from school to adult life. In addition to completing the core Mentor trainings and performing the same activities and duties as Mentors, Transition Mentors complete additional activities and duties which may include the following.

- Providing one-to-one parent, family, and/or youth assistance, resources, and/or referrals by phone, email, or in person specific to the transition to adult life process
- Linking parents, families, and/or youth to adult service organizations and community resources
- Providing facilitation or support for the MPACT Region Transition Networks (RTN) within the Mentor's geographical region



The following questions must be answered by those interested in becoming a Transition Mentor:

1) What experiences do you have in working with parents, families, and youth through the transition process to adult life?

2) What resources do you use specific to the transition from high school to the adult life process?



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Name: _____ Email: _____

Phone: _____ Cell Phone: _____

Address: _____

City: _____ Zip code: _____

County: _____

Do you have a driver's license? No ___ Yes ___

Do you have car insurance? No ___ Yes ___

Do have internet and computer access? No ___ Yes ___

Current Employer: _____

Position: _____

City: _____

Support/ Special Interest:

Are you a parent or family member of an individual with a disability? No ___ Yes ___

Relationship: _____ Disability: _____

Age: _____ Grade: _____



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Please explain any professional skills, special interests, hobbies, or personal experiences you believe MPACT could benefit from you sharing.

How would you describe your relationship with your child's school district?

What special education related resources do you use most often?

What are your strengths in IEP or special education services negotiations?

In which areas do you feel you need more support or training?

Experience:

What is the highest level of education you have completed?

Describe all past volunteering experiences, including names of the organization/agency.



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Do you belong to any groups or clubs? Please describe.

Please list any trainings related to disabilities or special education law you have attended.

Have you attended educational meetings to provide support to other parents or families? If so, how many?

Referral:

How did you hear about the MPACT Mentor volunteer program?

What interested you in applying for this MPACT Mentor volunteer position?

What do hope to gain from this volunteer experience?



References:

List two unrelated persons who have definite knowledge of your work ethic, your character, and any qualifications you have listed.

1.

Name: _____ Email: _____

Phone: _____ Years known: _____

Professional or Personal Reference? _____

2.

Name: _____ Email: _____

Phone: _____ Years known: _____

Professional or Personal Reference? _____

In case of an emergency, notify:

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Address: _____

City: _____ Zip code: _____



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I hereby authorize the contact of the individuals listed above and release of information for purposes of this MPACT Mentor application (signature required below). I understand the completion of the Missouri Department of Health and Senior Services Family Care and Safety Registry form is required. I understand that I am not to represent myself as an MPACT Mentor in the community or on social media until I have completed the required training and am certified.

Signature: _____ Date: _____