Instructions and Guidelines for Training Provider's Mentorship Application

Program Name: MENTORING

Description:

Mentoring is an activity that can occur as part of a planned program or as a stand-alone project. It is needed for all youth (14-25) on different levels of the career ladder. Mentors help young adults develop positive social behavior, strong work ethic, and self esteem.

Target Age:

This activity is targeted to all youth (14-25).

Program Duration:

This activity can last from six weeks to one year.

Program Goals:

- Build self-esteem;
- Positive attitudinal development;
- Develop commitment to academic and employment success;
- Maintaining healthy lifestyles;
- Developing and maintaining healthy personal and professional relationships.

Employer Requirements:

- Provide a "safe" haven for communication and positive activities;
- Assist with development of personal and career goals;
- Encourage participation in community activities;
- Be a friend.

Funding:

There are no funds associated with this activity.

Contact Information:

Applications are available for employers interested in being a provider for this activity. On **St. Croix,** contact Lizette Llanos at (340) 773-1994 ext. 2144 and on **St. Thomas,** Shenika Sebastien at (340) 776-3700 ext 2080.

UNITED STATES VIRGIN ISLANDS ELIGIBLE PROVIDER CERTIFCATION SYSTEM

Mentorship Application

Mentor Information				
Name:				
Mailing Address:				
Contact Number(s)				
(H)				
(W)				
(C)				
F21.				
Email:				
Program Preferences				
Youth Characteristics (please check all that ar	e applicable)			
<u> 14 - 15</u>	in-school			
<u> </u>	drop-out			
<u> 19 - 25</u>	college/trade school	college/trade school		
(no - preference)	(no - preference)			
Time Availability				
morning (between 8:00am - 12:00noon)	weekdays			
afternoon (between 1:00pm - 4:00pm)	□ weekends			
early evening (4:00pm - 6:00pm)	(no - preference)			
Location				
☐ Mentor worksite				
Department of Labor site				
Other, please specify:				

	e Month	se check all that apply)	☐ One hour/week	
	mmer Only		☐ Three hours/we	ek
	Months		Other, please sp	ecify:
☐ On	e Year			
☐ Oth	ner, please specify:			
		*************	******	****
		Assur	rances	
belo * * * * *	w. If I cannot, All activities con environment for No individual sl sex, national ori	this application will be nducted through the VI youth that is drug and hall be subjected to discign, age, disability, poliorogrammatic and archi	automatically re Department of violence free. rimination beca	eve assurance for each item ejected. The assurances are: I Labor must ensure a safe cuse of race, color, religion for belief. Fility must be made available
Printed Na	nme:			
Signature:				
Date:				