Mentors in Action Program (MAP)

“Changing Perspectives, Empowering Lives…one woman at a time.”

We believe that inherent in every resident of the BreakAway is the will to succeed and re-engage with society. We believe the power of women giving a hand up to another woman develops meaningful relationships, enhances long term recovery from addiction, and builds stronger communities. We believe that a woman to woman mentoring program will serve to meet the short term needs of our residents and nurture long term goals beyond their residential experience at the BreakAway.

By partnering with women mentor/volunteers from all walks of life, we will improve accountability to each of our residents in:

* Continued abstinence from drugs and alcohol
* Personal responsibility and integrity
* Valuable life skills and positive relationships
* Greater confidence and higher aspirations
* Service to the community at large

**Mentor Role:** Mentorship is a relationship in which a more experienced person helps to guide a less experienced person. MAP mentors help mentees with psychosocial aspects of developing the whole person in recovery from addiction. The mentor/mentee relationship is about taking action, changing perspectives, and empowering another to chart a new path to wholeness.

**Mentor Expectations**:

* Commit to an approximate six month relationship while the mentee is living at the BreakAway.
* Meet with mentee 2-4 times per month, depending upon individual preferences and needs.
* Limit financial giving to $50 per month. Gifts may include picking up the tab for coffee, lunch, a clothing item, recreation fee, and/or special event related to the BreakAway. *Please discuss options with the Program Director.*
* Possess a basic understanding of the disease of addiction.
* Attend mentorship program training or meetings whenever possible (approx. 2 x per year).
* Two years of continuous abstinence from all mood altering substances is required of those who are in personal recovery from addiction.
* Maintain communication with the MAP Chair or Program Director regarding any concerns or changes to the mentor/mentee relationship.

**Mentor/Mentee Activity Suggestions**:

* Talk with your mentee about their “passions”, such as careers, hobbies, and interests.
* Expose your mentee to volunteer opportunities, like working with the elderly, hospice care, feeding the homeless, or caring for animals.
* Expose your mentee to the arts, gardening, sewing, and other creative interests.
* Provide your mentee with information about local, free/affordable events for self and family.
* Share how you give back to the community and invite her to shadow you.
* Model self-care, such as healthy food choices, exercise, and/or meditation.
* Encourage your mentee to seek out resources for concerns like personal health, smoking cessation, diabetes care, high blood pressure, sexual disease, parenting skills.
* Expose mentee to resources for furthering her education, i.e., vocational rehabilitation, GED, community college, certificate programs, and local universities.
* Help mentee to find job opportunities via the unemployment office, temp agencies, and/or resume building.
* Lend support as your mentee takes care of personal responsibilities (i.e. driver licenses, social services)
* Be a resource should your mentee need a ride to visit a sick relative, or attend a funeral.

**General Guidelines:**

1. A residential period should be established before the mentor/mentee partnership is introduced. This will allow for a solid orientation to the BreakAway program, including rules and regulations, educational components, engagement with other residents, and acclimation to the home environment.
2. A residential waiting period will also allow a mentor to be chosen based on commonalities or personality traits that would be beneficial to the mentee. Note: Short biographies of each mentor will be provided.
3. The Program Director will determine when the resident is ready to engage in MAP and will make a request to the MAP chair to begin the process of selecting a mentor.
4. The first meeting or two should take place on BreakAway grounds to allow both the mentor and mentee a safe place to get to know one-another and generate some ideas for future activities.
5. If a mentor or mentee feels “mismatched” with their partner they should discuss this with the MAP Chair or Program Director as soon as possible.
6. The MAP Committee will inform (BreakAway news and events) and train mentors as needed to develop and maintain program consistency.

**Mentors in Action Program (MAP) Committee:**

MAP Chair

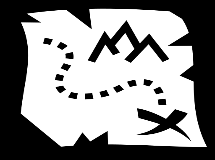
Anna Weisbach

Program Director

Janis Barnett

At Large

Beth Bell

***Leading…***  ***…Find your Passion Find your Purpose!***

M A P

“Mentoring Action Program” Application Form

The BreakAway

In Memory of Nicole

1514 Spring St. New Albany In. 47129

Program Chair

Anna Weisbach 502-599-0864

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print)

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ Zip Code:\_\_\_\_\_

Phone: (Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently in recovery ?\_\_\_\_\_\_\_\_\_\_\_\_ If so, how long have you been sober? \_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to commit to mentoring 2 -4 days per month as long as the resident resides

at the BreakAway (The program is for six months)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If necessary, are you willing to help with special financial needs (less than $50 per month)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us about yourself, interests, hobbies, volunteerism, your family, special skills, work experience and anything else you think might be an asset in working with women in recovery.

How would you describe yourself?

What are your hopes for being a mentor? Why do you wish to become a mentor?

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Terms of Mentorship/Volunteering

1. Attend a one-hour orientation session, in which Mentor will be given a copy of the Resident Admission Handbook, which we will go over for questions, concerns. We will also offer and discuss ideas that will prepare you to work as mentor/volunteer, and provide ideas and activities.
2. Attend all Mentor meetings as scheduled by Chair, this could be by email or in person.
3. Attend all Mentoring trainings as scheduled by the Chair.

Thank you so much for volunteering to help women in recovery. We greatly appreciate your interest in helping us further our goal of making the BreakAway House a successful program.

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality Statement**

It is important to understand the confidential nature of the services provided by

The BreakAway.

In normal course of my volunteer/mentor assignment and responsibilities, I understand that I may have access to information regarding clients and employees. With regard to all such information, I agree to observe the Agency’s strict standard of confidentiality. I further agree that knowledge and information of a confidential nature, gained through my involvement with the Agency may not be used, distributed or discussed outside of my volunteer responsibilities.

I hereby attest that I have read this Confidentiality Statement and agree that my continued mentor/volunteer service is contingent upon strict adherence to same.

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

PLEASE SUBMIT APPLICATION TO:

[Aweisbach16@gmail.com](mailto:Aweisbach16@gmail.com)

Or in person , contact me Anna Weisbach at 502-599-0864