



# Mothers FOR RECOVERY

## PEER MENTORSHIP PROGRAM

### MENTOR Application Package

Please fax completed application to 250-377-7458

#### Intake Checklist

- Program Introduction
- Participant Expectations and Commitment
- Participant Contact Information and Substance Use History
- Confidentiality Form
- Release of Information Form

***Project funding provided by:***

vanouver  
foundation



## **Mothers For Recovery Peer Mentorship Program Outline**

### **Mission Statement:**

Our Mentors will be committed individuals, working with addicted mothers over a three month period on a consistent basis, whose goal is to maximize the mothers' potential.

### **Introduction:**

Welcome to our Peer Mentoring Program. Our goal is to provide a confidential and non-judgmental place where mothers experiencing addiction issues are connected with mothers who are experiencing recovery from addiction. As such, it is important as a Mentor to agree to keep confidential, all matters discussed within our groups.

Our mentors will be carefully selected from a group of recovering mother applicants. It is our belief that Mentees will benefit from the guidance and support of the Mentors. As this is a group mentoring project, you will not be matched "one to one" with a mentee, but instead engage in group sessions where the Mentees can learn from the experience and wisdom of a number of Mentors.

The program is two nights per week for three months. During Tuesday evening sessions the group mentoring activities will take place with both the mentees and mentors. On Thursday evenings all of the mentees will take part in a workshop presented by a community professional. Mentors are welcome to attend the workshops, but are not required to.



## Participant Expectations:

As a Mentor we will expect the following from you:

- Attendance to the Group Mentoring Sessions (Tuesdays 6pm to 7:30pm for 12weeks) You are welcome to attend the workshops on Thursday nights from 6pm-7:30pm, but are not required to.
- To share your experience, struggles, accomplishments and wisdom with the Mentees.
- Respect for other participants (Including that of the harm reduction model that some mentees choose to utilize)
- Absolutely no drugs, alcohol or paraphernalia to be brought on the premises**
- An honest desire to help Mentees address your drug and alcohol issues
- Honesty about relapse. As recovering addicts we understand that relapses happen and are a part of the recovery process. We will not judge you nor will we penalize you for any relapses. We only wish to help. A Mentor that has relapsed will be asked to continue the program as a mentee and then re-apply when they have sufficient clean time again.

X

Applicant Signature & Date

X

MFR Coordinator Signature & Date



<b>Personal Information</b>
Name:
Address:
Telephone:
E-mail Address:
Birthdate:
Children & Ages:
Are you pregnant? If so what is your due date:
Do your children have any allergies?
If yes what please provide details:
Do you have custody of your children? Yes / No
Will your children be attending programs? Yes / No
Have you attended the MFR Mentorship program before?

<b><u>Substance Use History</u></b>		
When is the last time you used the following substances:		
Substance	Date of last use	Notes
Alcohol		
Marijuana		
Crack		
Cocaine		
Heroin		
Other:		
Other:		



## Personal Strengths

Please check all of the areas that you would identify as a personal strength that will help you to support and relate to Mentees in the program.

	Have attended school in recovery
	Have regained custody of a child
	Have been on probation or incarcerated
	Have had a PAST abusive relationship and continued on to a healthier one
	Have over-come an eating disorder
	Have re-entered the work force in recovery
	Have had experience as a pregnant woman in active addiction
	Have had a clean and sober pregnancy
	Has attended residential treatment
	Has attended 16 Step Group
	Has been a part of 12 step groups
	Has worked in the sex-trade
	Other:
	Other:
	Other



**Mothers for Recovery Mentorship Program**  
**Confidentiality Policy**

As in all mentorship programs, some records are kept regarding each individual participant. These records are usually quite brief and are designed to ensure continuity of service. All hard copies of participant information related to intake, progress, and services are kept in a locked area to which only program staff has access. Some documentation may also take place through computer-based record keeping programs. In such cases, security measures are in place such that only counselling staff has access to those materials.

All communications between you and your mentor(s) will be held in confidence and will not, except under the circumstances explained below, be disclosed to anyone outside of the Mentorship Program **unless you give written authorization to release the information**. Safeguarding the privacy of your personal information is an ethical obligation to you that all members of our program take very seriously. If you would like us to talk about you with someone, such as a counsellor or a family worker, we will ask you to sign a release of information form.

There are five times when we are required to break confidentiality. Those LIMITS OF CONFIDENTIALITY are outlined below:

1. If we have reason to believe that a child is in need of protection, we are required by law to report our concerns to child protection social worker in the Ministry of Children and Families.
2. If we have reason to believe that a person is a danger to him/herself or others, we must notify the appropriate authorities e.g. the RCMP, OC administration and any other people who have the ability to protect the person at risk.
3. If a judge, coroner, ombudsman, children's commission and other such authorities order us to release records or to appear and provide information, we are obligated to do so.
4. To ensure a high quality of service, mentees seen by staff of the Mentorship Program may be reviewed by other supervisors of the program. Consultation on difficult issues is frequently sought by team members.

If at all possible, your mentor or program facilitator will discuss the procedures for making a disclosure with you and enlist your assistance in resolution of the situation. It is a very unusual circumstance for information about you to be shared without your awareness or explicit permission. If you have any questions about privacy issues, a program coordinator will be happy to discuss them with you.

X

Mentor Signature & Date

X

MFR Coordinator Signature & Date

