

APPLICATION for MENTOR PARENT PROGRAM

Please complete this if you are interested in becoming a Mentor Parent. After completing it either email to lschneiderscare@aol.com or fax to 925-370-8651 or mail to Family Support Coordinator at CARE Parent Network, 1340 Arnold Drive, Suite 115, Martinez, CA 94553. You will receive a call from the Family Support Coordinator to discuss your participation in the program. This information is confidential.

Date _____

Parent's name	_____	Phone	_____	(day)
Address	_____	Phone	_____	(eve)
	_____	Email	_____	
Child's name	_____	Date of birth	_____	
Child's special needs	_____			

Please tell us what you would like to learn about providing parent-to-parent support.

Please describe ways in which you could be helpful to another parent.

Have you had training in active listening and communication, mentoring, understanding the grieving process, coping skills, parenting a child with special needs, or attended other seminars or workshops that would assist you in providing support to another parent? Please describe ...
