



Phoenix Indian Center AmeriCorps Elder Mentorship Program

Personal Information

First Name Last Name

Address City State Zip

Phone Email Address

Tribal Affiliation Chapter House (if Navajo Nation Tribal Member)

Age Birthdate

- LGBTQIA** Identity as a member of the LGBTQ community
 Does not identify as a member of the LGBTQ community
 Two-Spirit
 Unknown

- Gender** Male Female Gender Fluid/Does Not Identify as Male or Female

- Ethnicity** Hispanic or Latino Non-Hispanic or Non-Latino

- Racial Group** Native American or Alaska Native Asian/Asian American
 African American/Black Native Hawaiian or Other Pacific Islander
 White/Caucasian Two or More Races

- Are you a U.S. Veteran?** Yes No

- Income level** \$24,999 or less
 \$25,000 to \$39,999
 \$40,000 to \$59,999
 \$60,000 to \$74,999
 \$75,000 to \$99,999
 \$100,000 to 149,999
 \$150,000 or more
 Don't know

- Housing**
- Owned by mortgage or loan
 - Owned by without mortgage or loan
 - Rented
 - Occupied without payment or rent
 - Don't know



Availability

- | | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday: | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Tuesday: | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Wednesday: | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Thursday: | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Friday: | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Saturday: | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Sunday: | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |

How many mentorship hours are you able to accommodate per month? _____

Why do you wish to be an Elder mentor? _____

Do you have past experience working with youth? Yes No

If yes, what was your role/experience? _____

How would you rate your technology abilities?

Little to no knowledge 2 3 4 Expert

Do you have reliable transportation? Yes No

If not, do you utilize public transportation? Yes No

Describe any skills, education, accomplishments, spiritual knowledge/language that you possess

Are there any health issues, mobility issues, and/or accommodations that Phoenix Indian Center staff need to be aware of?

Are you willing to complete a fingerprint clearance and background check? Yes No



How did you hear about this opportunity?

- Twitter
- Facebook
- Instagram
- Website
- Family/Friends
- Flyers
- Other please explain: _____

Do you prefer to do your interview via Zoom or IN-person at the Phoenix Indian Center?

- Zoom
- In-person

_____ I understand that as an Elder mentor, I will need to attend an orientation.

_____ I understand that as an Elder mentor, I will need to complete required background checks.

_____ I certify that the information completed in this application is correct to the best of my knowledge.

Name (print)

Signature

Date