**NASW/CT**

**Latino/a Social Workers Network**

**2018 Mentoring Program**

**MENTOR’S APPLICATION**

*Please consider me to be a mentor:*

**NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAILING ADDDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOME PHONE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**WORK PHONE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CELL PHONE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-MAILS**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEGREE(S) COMPLETED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ETHNIC/RACIAL ORIGIN**: **□** African American/Black **□** Asian American **□** Hispanic/Latino **□** White/Caucasian **□** Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LANGUAGE(S) FLUENT IN**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT EMPLOYER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE INDICATE PAST AND CURRENT FIELD(s) OF PRACTICE**: **(*Check All That Apply)***

**□** Clinical **□** Administration **□** Research **□** Advocacy **□** Policy Practice

 **□** Case Management **□** Community Organization **□** Group Work

**PLEASE INDICATE PAST AND CURRENT POPULATION(S) SERVED***:*

**□** Children/Adolescents **□** Elders **□** Adults **□** Couples **□** Families **□** LGBTQ

**YEARS POST GRAD MSW WORK EXPERIENCE**: **□** 5-10 **□** 11-14 **□** 15-UP

**WHAT IS YOUR PERFERRED METHOD OF COMMUNICATION?** ***(Please Rate 1-4, where 1=least & 4=most****)*

 **\_\_\_** In Person **\_\_\_** Email \_\_\_ Telephone Calls \_\_\_ Text

**HOW DID YOU HEAR ABOUT THIS PROGRAM? (*Check All That Apply):***

 **□** Email **□** Flyer **□** Phone Call **□** Facebook **□** NASW/CT webpage **□** Word of mouth

**WHAT DO YOU HOPE TO GAIN FROM THIS MENTORING EXPERIENCE?**

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 **ARE YOU AVAILABLE ALL MEETING DATES: Feb. 23, Apr. 13, June 1, Sept. 28, & Dec. 7 (6-8pm)?**

**\_\_\_Yes \_\_\_No \_\_\_Maybe (Please Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

***We appreciate your interest.***

**E-mail to: Alberto Cifuentes, Jr., LMSW, Network Co-chair, at** **LSWCTMentoring@gmail.com**