



REQUEST FOR MENTOR

Mentors may come from community and faith-based organizations or individuals and IDOC does not guarantee that a mentor will be assigned. Participation is completely voluntary for both parties and can be terminated by either party of IDOC staff at any time without affecting release eligibility or violation determination.

Nothing replaces the work of your counselors, case managers, or probation and parole officers for housing, employment, and conditions of supervision. It is your responsibility (not the mentor's) to keep them informed of your needs, plans, and any changes.

A mentor can help you transition back into the community and become a positive and productive member of society, but success is ultimately up to you because you are Free2Succeed. Typically, consideration for a mentor will be within 90 days of a release date. The request will be returned if outside that timeframe.

Last name: _____ First: _____ IDOC #: _____

Age: _____ Male Female Are you a veteran? Yes No

Are you currently: (Please choose a status and answer all questions as accurately as possible)

INCARCERATED: Termer Rider Parole Violator Probation

Current institution: _____ Name of case manager: _____

Anticipated release to: City: _____ County: _____ Month: _____ Year: _____

COMMUNITY SUPERVISION: Probation Parole D1 D2 D3 D4 D5 D6 D7

Current city: _____ P&P officer: _____

Level of Supervision (if known): LSU (WBOR) Limited 2 3 4

Court supervision: Mental Health Veterans Drug Family Other _____

Faith-based (religious) affiliation: Yes No What church or religion: _____

Do you have an individual in mind for a mentor? Yes No Current IDOC Volunteer: Yes No

Last Name: _____ First Name: _____

Is this person aware you are interested in them as a mentor to you? Yes No

If known, contact information: _____

The language I speak is: English Spanish Other: _____

Do you have a residence upon release? Yes No Address of residence upon release (if known):

Street

City

State

Zip

Do you have a spouse or significant other that you would like your mentor to contact? Yes No

If yes, how do you want the contact made (phone, visit, etc.)? _____

Do you have any immediate needs that will need to be addressed after your release? _____

Are there any specific issues you would like your mentor to be aware of? _____

Do you have a job waiting for you upon release? Yes No Maybe

If yes, what is the name of the employer: _____

What job skills do you have? _____

What is the highest level of education that you have completed?

High school diploma GED Technical school (field of study) _____

Some college (field of study) _____

College degree (type of degree and field) _____

What results do you expect from having a mentor? _____

What age group do you want you mentor to be: 25-35 36-45 46-55 56+ Any

Please list a few hobbies or interests. _____

(OPTIONAL) Do you have health issues you would like to discuss with your mentor? Yes No

Information shared between the offender and the mentor is not strictly confidential. Mentors must report the following information to IDOC staff involving one or more of the following:

- a threat to facility security
- violation of and condition of probation or parole
- violation of a no-contact order
- harm to self or others
- violation of any rule
- criminal activity

The assignment of a mentor is not viewed as participating in any core or ancillary IDOC program and does not impact the likelihood of release nor does non-participation impact the likelihood of any violation. I understand that mentorship is completely voluntary with the purpose of providing pro-social role modeling, practical guidance, transition into pro-social activities and relationships, and other, relevant life-skills and that either party or the IDOC can end the mentorship at any time. I also understand that although I am not required to divulge any personal information regarding criminal, mental health, or medical history to a mentor, this information may be very beneficial to a successful and meaningful mentorship. I **MAY** also elect to complete a Release of Information with my PPO once I am on supervision to further discussion between my PPO and mentor.

Signature: _____ IDOC #: _____ Date: _____

If you are still incarcerated when a mentor is located and matched, you will be provided an opportunity to contact him/her before you are released through one initial phone call from an IDOC staff telephone.

Submit to PPO, case manager, or facility VRC. Staff will scan to mentoring@idoc.idaho.gov