



**ELEVATE SURVIVORS & ALLIES (ESA)
MENTOR APPLICATION (CONFIDENTIAL)**

Independently operated- Survivor-Led • Trauma-Informed • Community-Centered

Thank you for your interest in becoming a Mentor with ESA. This application helps us ensure safe, supportive, and appropriate mentor matching. Submission does not guarantee acceptance. ESA may require an interview, references, training, and/or a background check before approval.

SECTION A — APPLICANT INFORMATION

Full Name: _____
Preferred Name: _____
Pronouns (optional): _____
Date of Birth: ____ / ____ / _____
Phone: _____
Email: _____
City/State/Zip: _____
Preferred Contact Method: Phone Text Email
Best Time to Contact You: _____

SECTION B — EMERGENCY CONTACT

Name: _____
Relationship: _____
Phone: _____

SECTION C — BACKGROUND & EXPERIENCE

Are you a survivor of trafficking/DV/sexual exploitation/related trauma?
 Yes No Prefer not to answer

If yes, would you like to serve as a survivor-mentor?
 Yes No Unsure N/A

Have you volunteered/worked with survivors or vulnerable populations?

Yes No

Describe your experience:

Experience areas (check all that apply):

- Mentoring/Coaching Peer Support Outreach Advocacy/Navigation
 Trauma-Informed Support Youth Mentoring Education/Training
 Crisis Support (non-clinical) Faith-based mentoring (optional)
 Other: _____

SECTION D — WHY YOU WANT TO MENTOR

Why are you interested in mentoring with ESA?

What strengths do you bring as a mentor?

What does survivor-led & trauma-informed mean to you?

SECTION E — MENTORING PREFERENCES

Populations you're comfortable mentoring:

- Adults (18+) Young adults (18–24) Teens (14–17, with approval)
 Women Men All genders LGBTQIA+
 Parents/Caregivers Homelessness Early recovery Returning citizens
 Other: _____

Mentoring format preference:

- One-on-one Group Virtual In-person Phone support
 Resource navigation Skills-based mentoring

Availability (days/times):

Frequency: Weekly Biweekly Monthly Other: _____

SECTION F — SUPPORT AREAS

- Goal setting Emotional support Boundaries/communication
- Safety planning support (non-emergency) Education support
- Job readiness Housing navigation Appointment accompaniment
- Parenting support Self-care/coping Faith-based encouragement (if requested)
- Other: _____

SECTION G — SCREENING

Have you ever been convicted of a crime? Yes No

If yes, explain: _____

Legal matters that could impact mentoring? Yes No

If yes, explain: _____

Willing to complete background check if required? Yes No

Willing to complete ESA Mentor Training? Yes No

Reliable transportation (if needed)? Yes No N/A

SECTION H — REFERENCES (REQUIRED)

Reference #1

Name: _____ Relationship: _____

Phone: _____ Email: _____

How long known: _____

Reference #2

Name: _____ Relationship: _____

Phone: _____ Email: _____

How long known: _____

SECTION I — SIGNATURE

I confirm the information provided is true and complete.

Signature: _____ Date: _____

Please Share Any Additional Information that will assist us when matching you with a survivor.