

Trinity Equestrian Center's Youth Mentoring Program



Trinity's Mentoring Program offers children and young adults access to a positive, consistent, friendly and supportive Mentor that will support and guide the youth and help them to thrive and be successful. We do this through building a long term one-on-one relationship between the Mentor and youth, having a TON of fun, all while working on the treatment goals established in our initial assessment.

One-on-One Mentoring Program

All youth, especially some that may be at-risk or special needs, require a variety of people and resources in order to grow into responsible, well-adjusted, healthy and successful adults. This process can be quite a struggle for some children. Many need additional support to help them successfully navigate the road to adulthood.

The hands-on nature of this unique and effective mentoring program addresses basic skills essential for managing conflict, utilizing effective coping skills, developing positive social skills, and learning to engage in healthy self-care.

Our one-on-one mentoring program focuses each day on the goals outlined in our initial assessment, conducted by our mental health professionals, some examples may include:

- Improving problem solving skills, ability to cope with pressure/trauma, and respect for boundaries
- Increasing self-esteem, patience, and compromise
- Building communication skills, positive relationships, and leadership skills
- Modeling healthy relationships, and positive role models



Progress Made

Our Mentoring program also provides the team every month with very detailed DAILY progress notes that focus on what was done, which goal was focused on, and what level of progress was noticed. We then also provide the team with an annual summary of progress made using several statistical methods to give the maximum level of measurable progress possible.

Become a Trinity Mentor!

To be more specific, right now all of our mentors are current college students. The total flexibility makes it a perfect fit, and most of the information you are learning can be applied with these clients and their families to make for a huge success. The clients we have referred to us come from various different

"Dept. of Human Services" around the state. They sometimes come to us with one or several symptoms of PTSD, Fetal Alcohol Syn, ADD/ADHD, minor behavioral issues, academic issues, and a vast array of environmental hurdles that they have to deal with every day. Clients can range in age from 6-19 years old, but most common range is 10-14. They are great kids and are awesome to hang with, they just need to get out of the house with a positive, healthy person they can look to as a role model and practice some healthy recreation and learn some very important daily living skills.

With this position you would set your own hours with the client's parents, whenever you're available! A lot of current students prefer to work a few evenings a week from 3:30-7:30pm. Others also mix in some weekend time as well, which has been widely praised from some of the parents. Some of our mentors even work up to 40+ hours per week depending on their availability.

For the activities you choose to do with the clients, it is WIDE open, but can range from arts and crafts, to fishing and archery, to auto repair, photography, hiking etc. It all depends on your and the clients interests! Just as long as it is safe, they are learning something and being constructive, and you are working on one of their three "Goals" that are set by their team. (EX. Self Esteem, respect, communication, daily living skills etc.)

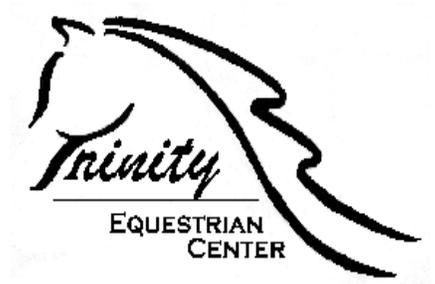
Starting pay is \$10/hour of your time, PLUS \$.35 per mile driven, and all expenses are reimbursed. (IE cost to go to movies, cost for any activities etc.) Depending on the distance traveled, the average pay is between \$12 and \$20+ per hour!!

One requirement with this position is a commitment to be a mentor for at least one year. If that commitment will work, and you are interested in applying for a position, please fill out the attached application by hand. Then please scan and email it to our Director of the program, Ian Mattson at ian@trinity-ec.com as well as bring it to your interview when you get it scheduled. Also, please feel free to send us any questions about the program or position at the same email address.

Thank you so much, we hope to have you as part of our team!

Trinity Equestrian Center

S5300 State Road 37 Eau Claire, WI 54701
(715) 835-4530 • trinity-ec.com



General Employment Application

Name _____ Date of Birth _____
Mailing Address _____ City _____ Zip _____
Primary Phone _____ Social Security Number _____
E-mail _____ Driver License # _____

Medical Contact Information

In case of Emergency, please contact:

Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell/Other _____
Address _____ City _____ Zip _____
Primary Physician _____ Phone _____
Primary Hospital/HMO and City _____

- I give my consent to Trinity Equestrian Center to secure medical transportation and treatment, including x-ray, surgery, hospitalization and medication
- I do not give my consent for emergency medical treatment/aid in the case of illness or injury while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place _____

Date _____ Signature _____

Liability Release (MANDATORY)

In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: "NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in the being a passenger upon an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes." As a volunteer at Trinity Equestrian Center, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the client I work with are more important than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Trinity Equestrian Center, its board of directors, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in Trinity Equestrian Center programs.

Date _____ Signature _____

Photo Release (MANDATORY)

I consent to and authorize the use and reproduction by Trinity Equestrian Center of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Date _____ Signature _____

How did you learn about Trinity Equestrian Center? _____

Can you walk for 60 minutes or more and jog for short distances? _____

Do you have any medical conditions? If so please describe: _____

Do you have any experience working with individuals with special needs? _____

Have you ever been accused of, or convicted of a Drug, Alcohol or Child related offense? _____

Have you ever been convicted of any Crime? _____

What position(s) are you applying for? _____

Employment History:

Please list your current employer and/or previous employment. Begin with the most current position, and list all previous in chronological order.

Employer Name: _____ Date of Employment _____

Address _____ Phone Number _____

Products/Services _____

Salary (Begin & Ending) _____ Position Held _____

Duties/Responsibilities _____

Reason for Leaving _____

Employer Name: _____ Date of Employment _____

Address _____ Phone Number _____

Products/Services _____

Salary (Begin & Ending) _____ Position Held _____

Duties/Responsibilities _____

Reason for Leaving _____

Employer Name: _____ Date of Employment _____

Address _____ Phone Number _____

Products/Services _____

Salary (Begin & Ending) _____ Position Held _____

Duties/Responsibilities _____

Reason for Leaving _____

Additional Facts:

Please include any additional information that you think would be helpful to us in considering you for employment.

Affirmation:

I affirm to the best of my knowledge all information on this application is true and correct. I understand any false statements, representations or failure to disclose pertinent information is sufficient cause for dismissal from your employment.

Applicant's Signature: _____ Date: _____