



## THE WHAT:

The Trinity Mentoring program of West-Central Wisconsin empowers the local youth through positive inspiration and guidance by a Trinity Mentor while creating a challenge for reaching a goal designed specifically for them resulting in a lasting, positive impact in their life.

## THE HOW:

How is the above mission statement achieved? It is surprisingly simple; Get them out of the house, get them active, have a ton of fun, and work on a personalized goal!

## THE BIG PICTURE:

Trinity Mentoring envisions a community in which every youth discovers their "untapped" potential through a positive, nurturing one-on-one relationships which in turn allows each youth to develop and learn to lead a happy, inspired and productive life.

## MENTOR ELIGIBILITY REQUIREMENTS:

- One-year time commitment to provide stability in a client's life
- Be able to adhere to Trinity Mentoring's policies and procedures
- Have reliable transportation and a satisfactory driving record
- Have a current and valid driver's license as well as current/adequate auto insurance
- Be willing and able to spend a minimum of 10 hours per week with your client(s)
- Have never been accused, arrested, charged or convicted of child abuse/neglect or molestation
- Have never been accused, arrested, charged or convicted of any sexual misconduct
- Not a convicted felon
- Not a user of illicit or illegal drugs (marijuana included)
- Not a user of alcohol or controlled substances in an excessive or inappropriate manner
- Not currently in treatment for substance abuse. If substance abuse problem has occurred in the past, the applicant must have completed a non-addictive period of at least five years
- Not currently in treatment for a mental health disorder or have been hospitalized for a mental health disorder in the past five years
- Not falsified information during the course of the screening process
- Be able to communicate with the program director and administrative staff in a routinely and timely (within 24 hours for emails, within 2 hours for text and calls)
- And most importantly, have a passion for kids and a zest for life!

## TRINITY MENTOR'S ROLE:

- Take the lead in supporting and motivating a local youth through an ongoing, one-to-one relationship
- Serve as a positive, influential person to your youth
- Build the relationship by working together on their goals through planning and participating in activities together
- Help set, update, and work toward accomplishing goals
- Strive for mutual respect

## DESIRABLE QUALITIES OF A TRINITY MENTOR:

- Willing and active listener
- Encouraging, supportive and assertive
- Lifelong learner
- Patient and flexible
- Tolerant and respectful of individual differences
- Strong, clear and confident communicator

## TRINITY MENTORING HIRING PROCESS:

- Written application
- Interview
- Criminal history check: state, child abuse and neglect registry, sexual offender registry and driving record check
- Orientation training
- Shadowing with a current Trinity Mentor (please note, applicant is officially hired after a positive report of the shadowing experience by a seasoned Trinity Mentor)
- Matching Meeting to obtain clients

## BENEFITS OF WORKING AS A TRINITY MENTOR:

- Personal fulfillment through contribution to the community and clients' lives
- Satisfaction in helping a youth mature, progress and achieve goals
- Flexible, independent, and fun job
- Training session and opportunity for group activities
- Mileage and expenses are tax deductible
- Personal ongoing support and supervision to help match with client succeed
- Complimentary tickets to community events
- Trinity Equestrian Center is an excellent, competitive, family owned and operated farm to put your desire to challenge and change the local youth into action. We strive to put together a positive, well-constructed, passionate team of people who want to change the trajectory of our local youth. We listen. We adapt. We act.

## TRINITY MENTORING COMPENSATION:

- High school degree: \$10.75/hour + \$.35 mile driven + client expense reimbursement
- Bachelor's degree: \$13/hour + \$.35 mile driven + client expense reimbursement
- Master's degree: \$30/hour + \$.35 mile driven + client expense reimbursement
- Other: \$ \_\_\_\_\_/hour + \$.35 mile driven + client expense reimbursement

I, \_\_\_\_\_, on the day of \_\_\_\_\_, acknowledge, agree and understand the Trinity Mentoring Compensation program as listed above. I also understand that all modifications or changes to Marshfield Trinity Mentoring compensation are required to be negotiated and agreed upon by the Trinity Equestrian Center Board of Directors.

Trinity Equestrian Center is an equal opportunity employer.





Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

How did you learn about Trinity Mentoring? \_\_\_\_\_

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.

1. Employer Name \_\_\_\_\_ Date of Employment \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Products/Services \_\_\_\_\_

Salary (Begin & Ending) \_\_\_\_\_ Position Held \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Employer Name \_\_\_\_\_ Date of Employment \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Products/Services \_\_\_\_\_

Salary (Begin & Ending) \_\_\_\_\_ Position Held \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. Employer Name \_\_\_\_\_ Date of Employment \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Products/Services \_\_\_\_\_

Salary (Begin & Ending) \_\_\_\_\_ Position Held \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

### References

Personal Reference: \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Professional Reference: \_\_\_\_\_ Phone Number \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

### Additional Info:

Why do you want to be a Trinity Mentor? Please include any additional info you think would be helpful to us in considering you for employment.

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## 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 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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 mentor 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, mentors, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in Trinity Equestrian Center programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo Release (MANDATORY)

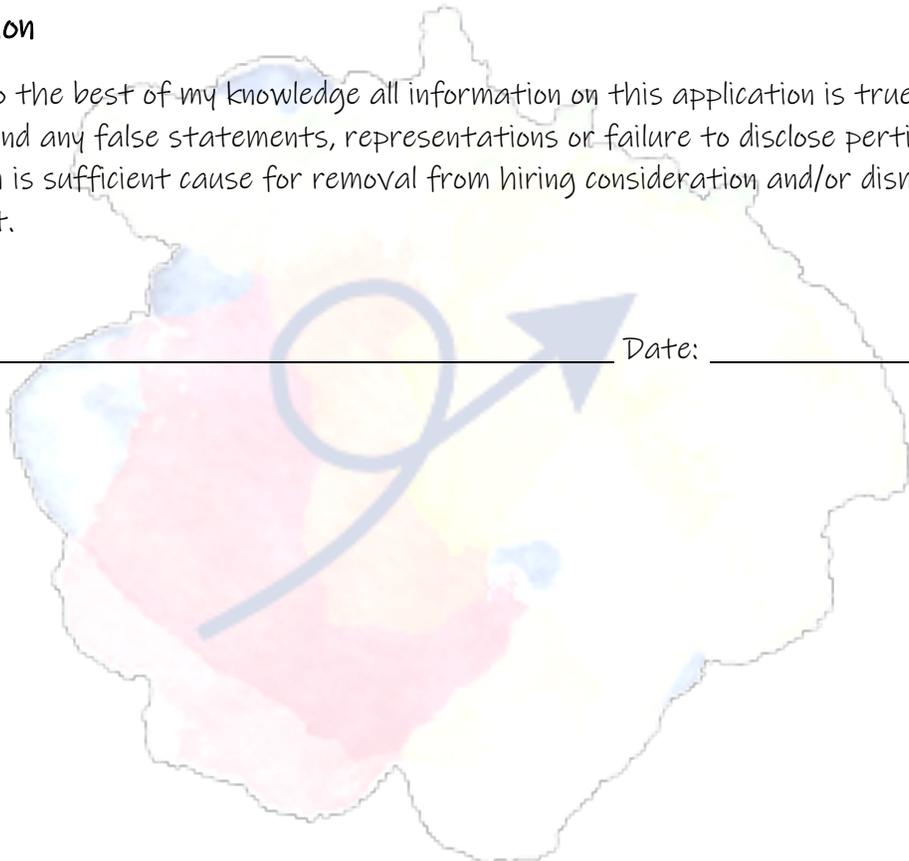
I consent to and authorize the use and reproduction by Trinity Equestrian Center of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 removal from hiring consideration and/or dismissal from employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Please complete application entirely and email to [Rachael@trinity-ec.com](mailto:Rachael@trinity-ec.com)