

"Missouri Foreign-Born Elderly:
Legislative & Resource Training for the
Social Service Professional

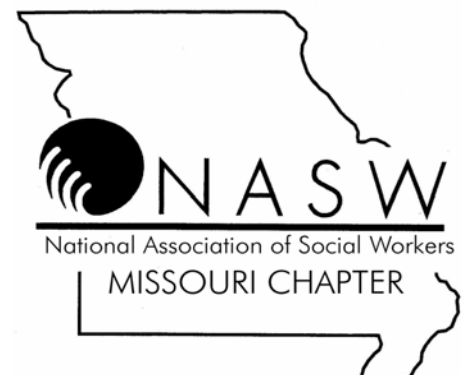
"TIP"

Peer-To-Peer Mentor Application

INSTITUTE FOR
GERIATRIC
SOCIAL WORK
BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK

A partnership of IGSW
and
NASW-Missouri Chapter

June 18, 2008
St. Louis, MO



PURPOSE:

The "TIP" (Training Incentive Program) Peer-to-Peer Mentor program is targeted for developing a peer-to-peer mentoring network among the practitioners and students attending the June 18, 2008 continuing education program entitled "Missouri Foreign-Born Elderly: Legislative & Resource Training for the Social Service Professional". The "TIP" peer-to-peer mentoring relationship is one in which two individuals or a small group of individuals share an exchange of geriatric social work ideas, knowledge, skill, and experience. The National Association of Social Workers Missouri Chapter and the Institute for Geriatric Social Work, Boston University School of Social Work, are facilitating the opportunity for social workers working in and/or interested in the field of geriatrics to identify mentors in their geographic area. This one-year peer-to-peer mentoring program provides educational support and development by a licensed professional social worker in the state of Missouri or Illinois to a protégé who is either a student enrolled in a BSW or MSW accredited school of social work or is a student of a human service program with an interest in pursuing a geriatric social services career.

PEER-TO-PEER MENTORING OVERVIEW:

The peer-to-peer mentor will have completed the TIP peer-to-peer mentor application, worked in the field of social work for at least three (3) years, be licensed as a professional social worker in the state of Missouri or Illinois, and have attended the "TIP" continuing education program on Wednesday, June 18, 2008.

The protégé will be either an individual who is a student enrolled in a BSW or MSW accredited school of social work or is a student of a human service program with an interest in pursuing a geriatric social services career. The peer-to-peer mentor and the protégé will establish a brief, short set of goals that s/he wants to achieve both professionally and personally in relationship to the field of geriatric social work. The principals in the peer-to-peer mentor/protégé relationship are responsible for monitoring their goals and activities.

The NASW-Missouri Chapter will do a six month and one-year follow-up letter and questionnaire to the peer-to-peer mentor and protégé. The follow-up is to identify whether the peer-to-peer mentor/protégé relationship is still in existence and what areas of the process have been beneficial to both parties involved. It is also the idea of the sponsors to see if this type of training and support will maintain and expand the practitioners in the field of geriatric social work.

As the parties are subject to the ethical principles contained in the NASW *Code of Ethics*, disputes arising from a Peer-to-Peer Mentor/Protégé relationship may be reported to the Missouri Chapter Ethics Committee for consideration at 573/635-6965. Please note that the Missouri Chapter and IGSW cannot be responsible for the mentoring of the individuals involved in the Program. Peer-to-Peer Mentors and protégés hereby hold harmless the National Association of Social Workers and the NASW Missouri Chapter and IGSW its employees and agents for any acts or omissions in this Peer-to-Peer Mentor/Protégé Volunteer Program offered by the Chapter and IGSW TIP Training, and hereby take responsibility for and indemnify IGSW, NASW, NASW Missouri Chapter, its Board of Directors, employees and agents for

APPLICATION PROCESS:

1. Application Process:

- Submit a completed peer-to-peer mentor application, registration with payment and a copy of your resume to the chapter office by Friday, June 13, 2008 at 5:00 p.m.
- NASW-Missouri Chapter will verify applicant's licensure before processing peer-to-peer mentor application.
- NASW-Missouri Chapter will process the registration, the peer-to-peer mentor application and return acknowledgement of attendance by Friday, June 13, 2008 at 5:00 p.m.
- Incomplete or late registrations or peer-to-peer mentor applications will not be accepted. All paperwork must be in the chapter office by Friday, June 13, 2008 at 5:00 p.m. in order to be considered.

Mail or fax completed peer-to-peer mentor application and additional supportive material to:

NASW-Missouri Chapter
Attn: TIP Peer-To-Peer Mentor Application
P.O. Box 2043
Jefferson City, MO 65102-2043

2. Selection & Follow up Timeline:

- June 18, 2008-Selection of Mentor
- December 18, 2008-Follow up Letter to Attendees
- June 18, 2009-Final Follow up Letter to Attendees

PERSONAL INFORMATION:

Name: _____
Address _____ City _____ State _____ Zip _____
Home Ph _____ E-mail _____
Business Ph _____ Fax _____
Licensure Number: Missouri _____ Illinois _____ Check Level: LBSW- IP LCSW
Professional Certifications/Credential and dates:

EDUCATIONAL INFORMATION:

Check one: BSW: _____ MSW: _____ DSW: _____ PhD: _____ Human Service: _____
• Undergraduate Program: _____ City _____ State _____
Graduation Date (mo/yr): _____
• Graduate Program: _____ City _____ State _____
Graduation Date (mo/yr): _____ Field of Study or Concentration: _____

PRACTICE INFORMATION:

Number of Years in Social Work: _____ Number of Years Practicing Geriatric Social Work: _____
What are your geriatric practice areas (List employers, private practice and any extensive volunteer work with dates):

List any experiences you have had as a mentor: _____

AGREEMENT:

I, _____, hereby certify that the information I have submitted is correct. I authorize the release of information to members of the NASW-Missouri Chapter and IGSW scholarship committee and will provide additional information or verification upon request. I understand submission of this application authorizes the committee to obtain my student enrollment verification with my university. I also give permission to release my name for publication by the sponsoring entities. I agree to the conditions established for this scholarship awarded by NASW-Missouri Chapter and IGSW. I understand and agree that scholarship recipients must adhere to all scholarship guidelines within the training and the mentoring program during the months announced and outlined in this application.

Applicant's Signature: _____ Date Submitted: _____

CONTACT INFORMATION:

Mail or fax to NASW Missouri Chapter, P.O. Box 2043, Jefferson City, MO 65102;
Office: 573-635-6965; Fax: 573-635-6728;
chapter@nasw-mo.org; www.nasw-mo.org