## View results

|    | Respondent                     |                                    | 06.42                  |
|----|--------------------------------|------------------------------------|------------------------|
|    | 92                             | Anonymous                          | 06:43 Time to complete |
|    |                                |                                    |                        |
|    |                                |                                    |                        |
|    |                                |                                    |                        |
|    | WHO                            |                                    |                        |
| 1. | Organization: *                |                                    |                        |
|    | Abbotsford Restorative Justice | e and Advocacy Association (ARJAA) |                        |
| 2. | Contact Person: *              |                                    |                        |
|    | Mentoring Coordinator          |                                    |                        |
| 3. | Preferred Contact Metho        | d: *                               |                        |
|    | Email                          |                                    |                        |
|    | Phone                          |                                    |                        |
|    | Email or Phone                 |                                    |                        |
|    |                                |                                    |                        |
| 4. | Email: *                       |                                    |                        |
|    | mentoring@arjaa.org            |                                    |                        |
|    |                                |                                    |                        |

| 5.  | Phone *  |  |  |
|-----|--|--|--|
|     | 604-864-4820   |  |  |
|     |  |  |  |
|     |  |  |  |
|     | WHAT   |  |  |
| 6.  | Position Title (e.g. Youth Worker, Cashier, Teaching Assistant, etc.): *   |  |  |
|     | Mentor   |  |  |
|     |  |  |  |
| 7.  | Job Description: *   |  |  |
|     | Volunteer mentors are matched with at-risk youth in our community to be a positive support person for the vulnerable youth. Mentors are provided with training on how to be a mentor and are expected to volunteer for one year. |  |  |
|     |  |  |  |
| 8.  | Skills Required: *   |  |  |
|     | good communication, openness, non-judgmental, desire to work with at-risk youth, reliable and willing to learn.  |  |  |
|     |  |  |  |
| 9.  | Gender Preference: *   |  |  |
|     | ○ Male   |  |  |
|     | ○ Female   |  |  |
|     | © Either   |  |  |
|     |  |  |  |
| 10. | Criminal Record Check required: *  |  |  |
|     | Yes  |  |  |
|     | ○ No   |  |  |
|     |  |  |  |

| 11 | Comments  | or additional | Linformation |
|----|-----------|---------------|--------------|
|    | COHIHERIS | OI AUUIIIOHA  | і шиоппапоп  |

We do require a police security clearance as this organization runs out of the Abbotsford Police Department.

|       | WHERE                                 |
|-------|---------------------------------------|
| 12. L | ocation: *                            |
| (     | Abbotsford                            |
| (     | Chilliwack                            |
| (     | Mission                               |
| (     | Aldergrove                            |
| (     | Langley                               |
| (     | Other                                 |
| 13. A | Address: *                            |
|       | 105-34194 Marshall Road               |
| 14. T | ransportation needed: *               |
|       | Student must have own                 |
| (     | Easy walking distance from CBC        |
| (     | Carpool provided through organization |
| (     | On-campus                             |
|       | Other                                 |

## WHEN

| 15. | Day        | of the week: *                                 |
|-----|------------|--|
|     |            | Monday   |
|     |            | Tuesday  |
|     | $\bigcirc$ | Wednesday                                      |
|     |            | Thursday                                       |
|     |            | Friday   |
|     |            | Saturday                                       |
|     |            | Sunday   |
|     |            | Day is negotiable and/or may vary week to week |
|     |            | Any day during the week                        |
| 16. | Time       | e frame (e.g. 6 - 9 pm) *                      |
|     | 3 -        | 9 pm or mornings                               |

## WHY POST ON OUR BOARD?

Columbia's Integrated Learning Department looks forward to partnering with your organization to enrich the education of our students with practical, hands-on experience. We do not place students in Service Practicum placements; rather, we act as a bridge between students and organizations. This placement board is such a bridge. Should a student choose to participate with your organization, we ask that you provide them with opportunities to learn and grow in both skills and confidence in who they are as a person, as well as giving them a rich mentorship experience.

17. I have read the current Columbia Bible College Service Practicum Supervisor Manual. (Find it here: 2022 Service Practicum Supervisor's Manual.pdf). \*

Yes

| 18. As a potential Service Practicum Supervisor, I agree to the responsibilities outlined in the Supervisor Manual: * |  |
|---|--|
| Yes   |  |
|   |  |
| 19. I would like to receive/continue to receive information about Integrated Learning at Columbia. *                  |  |
| Yes   |  |
| ○ No  |  |
| I already receive information about Integrated Learning   |  |
|   |  |
|   |  |
| Posting Information   |  |
| (for office use only)   |  |
| 20. *   |  |
| 9/1/2023  |  |
| 37 17 20 23   |  |
| 21. This is (please select one): *  |  |
| A new posting   |  |
| An update of a current posting  |  |
|   |  |
|   |  |
| Thank You!  |  |
| Halik Iou:  |  |
|   |  |