

Overview:

TACA – A not-for-profit 501(c)3 organization established in 2000 – is looking to help more families affected by autism via our volunteer mentor program. TACA is in great need to expand this program in our existing service area – California and through the remaining United States. Mentors are a crucial part of TACA’s success providing newly diagnosed families the much needed introduction to autism and the community around their family.

To make sure we adequately understand your knowledge to help newly diagnosed families – please take a few minutes to fill out this application. It will greatly help us assign mentors to the best match. THANK YOU!

General information

Applicant Name (Last, First)

Home Address (Street, City, State, Zip)

Telephone

E-mail Address

Do you have a child with autism spectrum disorder living with you? Yes No Child's age: _____

When was your child diagnosed? _____ How many children with autism live with you: _____

How many neurotypical children live with you: _____

Do you participate in another autism support group in your area? If so, what group: _____

Autism Knowledge

To the best of your ability, please rate your “autism knowledge.” Having an advanced competency across all areas below is **not** required to be a TACA Mentor – in fact – we often assign mentors BY TOPIC, not by overall knowledge! It is important to be honest about your abilities in the areas below so we can gage the needs by potential chapter. Thank you.

Have you attended any DAN conferences? _____ Which cities & years did you attend a DAN conference:

What other conferences have you attended (please indicate the year of attendance:)

Have you sat in on the DAN medical pre-conference doctor or nurses training days? Yes No Year Attended _____

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Please rate your knowledge from a 1 to a 10 with 1 being no knowledge in a particular area and 10 being used only as the highest level of confidence. For example if you provide regular lectures on a topic or have extreme comfort of knowledge in a particular area. Individuals who have attended more than four DAN conferences should rate their knowledge somewhere between a 7 and 9.

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|--|--|--|--|--|--|--|--|
| Dietary intervention (please indicate diet you use) | | | Legal issues | | | Supplementation | |
| DAN biomedical protocols | | | Supporting families affected by autism | | | Traditional therapies (speech, OT, one on one interventions) | |
| Payment resources to help families (state, federal & health insurance) | | | Organization & Planning | | | Public speaking / presentation comfort level | |
| Prescribed Medications (please indicate the medications you use) | | | Indicate other topic here | | | Indicate other topic here | |

Please rank the topics above you feel the most comfortable in assisting a new parent:

- 1) _____
- 2) _____
- 3) _____

Mentor Preferences

You are almost done. TACA wants to make sure we best match mentees to mentors by the following preference information.

How many mentors do you want to receive – maximum
 Per year _____ Per month: _____

We do mentor introductions via email – which would be your favorite way to communicate with your new mentee family: (please circle) PHONE EMAIL IN PERSON WHATEVER IS REQUIRED

TACA Mentor Reference Information

We recommend you take a look at the current TACA Volunteer mentor program and understand how we position this free service to families in need.

Please see:

- Mentor Guidelines: http://www.tacanow.org/about_taca/mentor_guidelines.htm
- Mentor Program Frequently asked questions: http://www.tacanow.org/about_taca/mentor.htm
- Parent Mentor agreement: http://www.tacanow.org/about_taca/mentor_agreement.pdf

Thank you for taking the time to review, fill out and consider being a TACA mentor. WE TRULY VALUE YOUR DESIRE TO HELP. I will be contacting you within the next 14 business days to follow up on your application and upcoming mentor training.

Please fax this application to (949) 640-4424 or email it to my address below.

Sincerely,

Becky Estep
 National Parent Liaison
Becky@takanow.org