

# Mentor Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Ethnicity: African American: \_\_\_ Asian: \_\_\_ Latina: \_\_\_ White: \_\_\_ Other: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Facebook Name(s): \_\_\_\_\_

Twitter Handle (s): \_\_\_\_\_

**Please list all members of your household:**

| Name | Sex | Age | Relationship to Applicant |
|------|-----|-----|---------------------------|
|      |     |     |                           |
|      |     |     |                           |
|      |     |     |                           |
|      |     |     |                           |
|      |     |     |                           |
|      |     |     |                           |

**Application Questions:** *Please answer the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.*

1. Why do you want to become a mentor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you have any previous experience volunteering or working with youth? If so. Please specify.  
\_\_\_\_\_  
\_\_\_\_\_
3. What qualities, skills or attributes do you feel you have that would benefit girls? \_\_\_\_\_  
\_\_\_\_\_
4. How would you describe yourself as a person? \_\_\_\_\_  
\_\_\_\_\_
5. How would your friends, family and co-workers describe you? \_\_\_\_\_  
\_\_\_\_\_
6. Do you drink alcoholic beverages? If so, what and how often? \_\_\_\_\_  
\_\_\_\_\_
7. Can you commit to participate in the GfG mentoring program for a minimum of one year from the time you are matched with a mentee? \_\_\_Yes \_\_\_No
8. Are you available to meet with a child at least eight hours per month and have contact at least once per week? \_\_\_Yes \_\_\_No
9. Have you ever been convicted of a crime? \_\_\_Yes \_\_\_No
10. Have you ever abused illegal drugs? \_\_\_Yes \_\_\_No
11. Are you dependent on any legal or illegal drug(s)? \_\_\_Yes \_\_\_No
12. Have you ever been charged with a DUI (Driving Under the Influence)? \_\_\_Yes \_\_\_No

**Employment History:** *Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.*

|                     |      |     |      |
|---------------------|------|-----|------|
| Employer:           |      |     |      |
| Position Held/Title |      |     |      |
| Street Address      |      |     |      |
| City:               |      | St: | Zip: |
| Supervisor's Name   |      |     |      |
| Dates of Employment | From | To  |      |

|                     |      |     |      |
|---------------------|------|-----|------|
| Employer:           |      |     |      |
| Position Held/Title |      |     |      |
| Street Address      |      |     |      |
| City:               |      | St: | Zip: |
| Supervisor's Name   |      |     |      |
| Dates of Employment | From | To  |      |

|                     |      |     |      |
|---------------------|------|-----|------|
| Employer:           |      |     |      |
| Position Held/Title |      |     |      |
| Street Address      |      |     |      |
| City:               |      | St: | Zip: |
| Supervisor's Name   |      |     |      |
| Dates of Employment | From | To  |      |

## Personal References:

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Only one reference may be a relative. Any information G.O.O.D. for Girls, Inc. Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## Mentor Interest Survey

Please complete all the following. This survey will help G.O.O.D. for Girls Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentee? Please check all that apply.

Weekdays: \_\_\_ Lunchtime: \_\_\_ After school: \_\_\_ Evenings: \_\_\_ Weekends: \_\_\_ Other: \_\_\_

Please indicate age group(s) you are interested in working with:

Age groups:  9-11  12-14  15-18

Do you speak any languages other than English?  YES  NO

If so, which languages? \_\_\_\_\_

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with. \_\_\_\_\_

### Please check all activities you are interested in:

|                          |               |                          |                 |                          |                    |                          |            |
|--------------------------|---------------|--------------------------|-----------------|--------------------------|--------------------|--------------------------|------------|
| <input type="checkbox"/> | Arts & Crafts | <input type="checkbox"/> | Exercise        | <input type="checkbox"/> | Movies             | <input type="checkbox"/> | Science    |
| <input type="checkbox"/> | Biking        | <input type="checkbox"/> | Fishing/Boating | <input type="checkbox"/> | Musical instrument | <input type="checkbox"/> | Singing    |
| <input type="checkbox"/> | Board Games   | <input type="checkbox"/> | Gardening       | <input type="checkbox"/> | Painting           | <input type="checkbox"/> | Sports     |
| <input type="checkbox"/> | Camping       | <input type="checkbox"/> | Hiking          | <input type="checkbox"/> | Parks              | <input type="checkbox"/> | Swimming   |
| <input type="checkbox"/> | Cooking       | <input type="checkbox"/> | Jogging/Running | <input type="checkbox"/> | Photography        | <input type="checkbox"/> | Technology |
| <input type="checkbox"/> | Dance         | <input type="checkbox"/> | Kite flying     | <input type="checkbox"/> | Reading            | <input type="checkbox"/> | Yoga       |

List any other areas of special interest: \_\_\_\_\_

\_\_\_\_\_

## Mentor Interest Survey (continued)

|  |
|--|
| What are some favorite things you like to do with other people?                          |
|  |
|  |
| What is your favorite genre when reading and/or what subjects do you like to read about? |
|  |
|  |
| What is your job and how did you choose this field?                                      |
|  |
|  |
|  |
| If you could learn something new, what would it be?                                      |
|  |
|  |
| What person do you admire most and why?  |
|  |
|  |
|  |
| What is one goal you have set for your future?   |
|  |
|  |
|  |
| Describe your ideal Saturday.  |
|  |
|  |
|  |
| Are you a mandated reporter? <input type="checkbox"/> Yes <input type="checkbox"/> No    |



## Information Release

I, \_\_\_\_\_, understand it will be necessary for G.O.O.D. for Girls, Inc. to conduct a background check regarding my driving record, criminal history, personal references, social networking, and employment.

I authorize G.O.O.D. for Girls, Inc. to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for G.O.O.D. for Girls to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

Full Name: \_\_\_\_\_

Maiden Name, Alias Name, Previous Names:

\_\_\_\_\_

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

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

Current Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

Please list any other cities, states and dates of residency during the past 10 years.

| City/State | Licensed from | Licensed until |
|------------|---------------|----------------|
|            |               |                |
|            |               |                |
|            |               |                |
|            |               |                |

**Please Read carefully before signing:** *G.O.O.D. for Girls, Inc. Mentoring Program appreciates your interest in becoming a mentor.*

**Please initial each of the following:**

|  |   |
|--|---|
|  | I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.  |
|  | I understand that G.O.O.D. for Girls, Inc. Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.  |
|  | (optional) I give permission for images of my person to be used by GfG or a 3 <sup>rd</sup> party while participating in the mentoring program. These images may be used in promotions, marketing materials, websites, and in general benefit of the program. |
|  | I agree to friend GfG on my Facebook page.  |
|  | I agree to allow GfG to access my twitter page.   |

I understand I must return all the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license and proof of auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

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

Please scan/email or mail this application and the items listed above to G.O.O.D. for Girls, Inc. as per below:

**Mail:** Recruitment, G.O.O.D. for Girls, Inc., 31 Manhattan Avenue, White Plains, New York 10607  
**Email:** [recruitment@goodforgirlsinc.org](mailto:recruitment@goodforgirlsinc.org)  
**For more information call: (914) 407- 4301**

***G.O.O.D. for Girls, Inc. Thanks You!***