



MENTOR APPLICATION

SECTION I: PERSONAL INFORMATION

Date: _____

LAST NAME FIRST NAME FULL MIDDLE NAME SUFFIX

STREET ADDRESS

CITY STATE ZIP CODE

DAYTIME PHONE EVENING PHONE CELL PHONE

PRIMARY E-MAIL ADDRESS ALTERNATE E-MAIL ADDRESS

Date of Birth: _____

Gender: Female Male

EMPLOYER INFORMATION

NAME OF EMPLOYER JOB TITLE TYPE OF WORK

STREET ADDRESS CITY STATE ZIP CODE

SECTION II: ALTERNATE/EMERGENCY CONTACT INFORMATION

If you are a Mentee under the age of 18, please provide your Parent/Guardian information below.

LAST NAME FIRST NAME FULL MIDDLE NAME SUFFIX

STREET ADDRESS

CITY STATE ZIP CODE

DAYTIME PHONE EVENING PHONE CELL PHONE

PRIMARY E-MAIL ADDRESS

RELATIONSHIP (PLEASE SPECIFY)

SECTION III: MENTOR'S PERSONAL INTERESTS

What days of the week are you currently available to mentor? (Check all that apply.)

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What is the best time for you to mentor? (Check all that apply.)

- Mornings Afternoons Evenings Weekends

What do you like to do in your free time? Please select all that applies and specify further details in the space provided.

- Sports and Physical Activities: _____

Examples: Baseball, basketball, hockey, football, golf, karate, soccer, softball, swimming, tennis, etc.

- Computers/Media: _____

Examples: Computer games/programs, hard/software, web surfing, social networking (Facebook, etc.)

- Social Activities: _____

Examples: Shopping, hanging out with friends, going to the movies or other social areas, attending sports events, traveling, etc.

- Arts, Crafts and Culture: _____

Examples: Music (singing, rapping, producing, playing, writing, etc.), writing/performing poetry/spoken word, reading, scrap-booking, cooking, baking, etc.

- Working/Entrepreneur: _____

- Education/Learning: _____

Examples: Studying, working on assignments, going to the library, study hall, etc.

- Other Activities: _____

SECTION IV: PERSONAL AND PROFESSIONAL REFERENCE

Please list three references (please include at least one family member and one work reference):

1- FULL NAME RELATIONSHIP

ADDRESS CITY STATE ZIP CODE

DAYTIME PHONE EVENING PHONE CELL PHONE

2 - FULL NAME RELATIONSHIP

ADDRESS CITY STATE ZIP CODE

DAYTIME PHONE EVENING PHONE CELL PHONE

SECTION V: APPLICATION QUESTIONS

1. Explain why you want to become a mentor.

2. Do you have any previous experience volunteering or working with youth? Please specify.

3. Please list all of your previous volunteer experience and length of volunteer service.

4. What do you feel are the strengths you can bring to this program?

SECTION VI: CERTIFICATION AND AUTHORIZATION

If you agree to become a mentor, you will be asked to agree to the below basic requirements. Please initial each statement below:

_____ I understand that the GoodGuides® youth mentoring program involves spending a minimum of six hours per month for one year from the time I'm matched with a youth participant.

_____ I understand that I will be required to complete six hours total for orientation and training, along with one in-service training session in each quarter after being matched with a mentee.

_____ I understand that information about me, after approved into the GoodGuides youth mentoring program, 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.

SECTION VII: CONFIDENTIALITY ACKNOWLEDGEMENT

If you agree to become a mentor, you will be asked to adhere to the follow confidentiality statement:

_____ I acknowledge that during my volunteer service as a mentor through the GoodGuides youth mentoring program I will come in contact with propriety and confidential information regarding the GoodGuides youth mentoring program, and information pertaining to the youth that I am mentoring. I agree that I will not share or divulge any confidential and/or proprietary information regarding the GoodGuides youth mentoring program or the youth or families involved in the program while I am active in the GoodGuides youth mentoring program and after I leave the program. I also understand there is no expiration date and therefore all confidential information will not be divulged regardless of my status in then GoodGuides youth mentoring program.

SECTION VIII: SIGNATURE

I certify to the best of my knowledge that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor forms, is grounds for dismissal. *I agree to voluntarily inform the GoodGuides Program Manager of any charges such as a felony or misdemeanor classified as an offense against a person or family, an offense of public indecency, or a violation involving a state/federally controlled substance brought against me in the period of time during which I am involved in the GoodGuides Program.**

Signature

Date

If you are a peer applicant between the ages of 16 and 17, parent/guardian signature required below:

Signature

Date