



Mentor Application

Date _____

Name _____

Phone: (H) _____ (w) _____ (c) _____

work _____ cell _____

Address _____

E-mail _____

How did you hear about our program? _____

When is the best time and what is the best way to reach you? _____

EMPLOYMENT

Employer _____

Title/position _____

Supervisor's Name _____

Phone _____

GENERAL INFORMATION

Do you have children? _____ Do you have grandchildren? _____

When would you like to meet with your youth partner? (check all that apply)

After school day(s) and times _____

Weekends day(s) and times _____

Why do you want to be a mentor?

What education, experience or interests do you have that may be relevant to mentoring?

What experience do you have working with youth?

What are your strengths?

What are your weaknesses?

3 Ways I keep healthy and maintain a positive attitude are:

Please rank your comfort level for each of the following from 1 (no way!) to 5 (total comfort):

(less) (more)

1 2 3 4 5 Working with a quiet, reserved child.

1 2 3 4 5 Working with a child who is outgoing and active.

1 2 3 4 5 Discussing issues of sexuality.

1 2 3 4 5 Discussing issues of substance use and abuse.

1 2 3 4 5 Working on education issues.

1 2 3 4 5 Working on career issues.

Please indicate any subjects you would find difficult in a mentor/mentee relationship, for instance: a child who has been sexually abused, a young person who is actively questioning his or her sexual orientation, questions of substance use or abuse, a child who is in foster care.

REFERENCES:

Please list 3 references, other than a relative.

1. Name _____ Relationship _____ Phone _____
Address _____
e-mail _____

2. Name _____ Relationship _____ Phone _____
Address _____
e-mail _____

3. Name _____ Relationship _____ Phone _____
Address _____
e-mail _____

Have you ever been convicted of a crime? _____ If yes, please explain:

Do you object to our agency running a background check on you?

Before a match can be made all references must be returned and a copy of your driver's license and proof of insurance must be given to the Coordinator.

Please read this carefully before signing:

Girls First/Boyz First appreciates your interest in becoming a mentor to a child. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct reference checks and all permitted criminal records checks. You agree to follow the program's policies and abide by its guidelines.

Signature _____ Date _____

Please return to:

Wendy Freundlich, Girls/Boyz First, 490 Center Road, Middlesex, VT 05602.
(802)224-6500