



MENTOR APPLICATION

SECTION I: PERSONAL INFORMATION

Date: _____

Social Security Number _____ / _____ / _____

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

(OPTIONAL) Current Driver's License Number: _____ State: _____

GoodGuides Youth Mentoring Program Staff may request proof of auto insurance and copy of driver's license at the time of enrollment.

Mentor Type and Mentoring Relationship Preference: (Check all that apply)

- Individual Group Peer (age 16-20)

Race/Ethnicity:

- American Indian/Alaskan Native Hispanic or Latino (of any race) Other/Multiracial
 Asian Native Hawaiian/Pacific Islander
 Black/African American White/Caucasian

What is your educational background? (Please choose one)

- Some High School College Graduate
 High School Graduate Graduate/Professional School
 Technical School Other (Please specify): _____
 Some College

Have you ever served in the military? (Check all that apply)

- Yes, I currently serve in the military I have served in the military No, I have never served in the military
If yes, what branch: _____

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 "Peer" applicant between ages 16 and 17, please provide your Parent/Guardian information in this section.

LAST NAME	FIRST NAME	FULL MIDDLE NAME	SUFFIX
STREET ADDRESS			
CITY	STATE	ZIP CODE	
DAYTIME PHONE	EVENING PHONE	CELL PHONE	
PRIMARY E-MAIL ADDRESS			

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, computer programs, hard/software, web surfing, social networking (MySpace, Facebook, Twitter, 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: 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. What do you feel are the strengths you can bring to this program?

4. Within the past five years, have you been convicted of any 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? Yes No

If yes, please explain: _____

SECTION V: 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 _____

3 - FULL NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

DAYTIME PHONE _____ EVENING PHONE _____ CELL PHONE _____

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 four 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.

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

CITY	STATE	FROM (month/year)	TO (month/year)
CITY	STATE	FROM (month/year)	TO (month/year)
CITY	STATE	FROM (month/year)	TO (month/year)
CITY	STATE	FROM (month/year)	TO (month/year)

_____ I understand and authorize GoodGuides youth mentoring program 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 the GoodGuides Mentoring Program. ***I provide permission for GoodGuides to conduct the same investigation of my background in previous states in which I have resided.

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.

Initials: _____

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
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If you're a peer applicant between the ages 16 and 17, parent/guardian signature is required below:

PARENT/GUARDIAN SIGNATURE	DATE
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