

Mentor Application

Name:		Date:	
Street Address:			
City:		State:	
Zip:		Home #:	
Work #:		Cell#:	
DOB:		Email Address:	
Facebook Name:			
List Other Social Media:			

Please list all members of your household:

Name:	Gender:	Age:	Relationship to Applicant:

Please check all activities you are interested in:

Biking	Camping	Animals/Pets	Cooking	Library
Hiking	Boating	Board Games	Sports	Yoga
Golf	Swimming	Gardening	Parks	Movies
Fishing	Science	Painting/Photos	Music	Shopping



Employment History: *Please provide employment information for the past five years, with most recent position held first. If more space is needed, please feel free to attach a document.*

Employer:			
Position Held:		City:	
Street Address:		State:	
Zip:		Contact #:	
Supervisor Name:		Title:	
Dates of Employment:		To	

Employer:			
Position Held:		City:	
Street Address:		State:	
Zip:		Contact #:	
Supervisor Name:		Title:	
Dates of Employment:		To	

Employer:			
Position Held:		City:	
Street Address:		State:	
Zip:		Contact #:	
Supervisor Name:		Title:	
Dates of Employment:		To	



Application Questions: Please answer all of the following questions as completely as possible. If more space is needed, please feel free to attach a document.

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 other attributes do you feel you have that would benefit a youth?
4:	How would you describe yourself as a person?
5:	How would your friends, family, and co-workers describe you?
7:	Do you drink alcoholic beverages? If so, how often?
8:	Can you commit to participate in the GfG for a minimum of one year from the time you are matched with a youth? Yes No
9:	Are you available to meet with a child at least eight hours per month and have contact at least once per week? Yes No
10:	Have you ever been convicted of a crime? Yes No
11:	Have you ever abused illegal drugs? Yes No



12:	Are you dependent on any legal or illegal drugs?	Yes	No
13:	Have you ever been charged with a DUI?	Yes	No

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. gathers from these references will be held as confidential and not released to you, the applicant.

Name: _____
Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
Relationship: _____ Email Address: _____

Name: _____
Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
Relationship: _____ Email Address: _____

Name: _____
Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
Relationship: _____ Email Address: _____



Mentor Interest Survey:

Please complete all of the following. This survey will help G.O.O.D. for Girls, Inc. 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. _____

What are some favorite things you like to do with other people?	
What are your favorite subjects to read about?	
What is your job and how did you choose this field?	
Are you a mandated reporter?	YES NO
What is one goal you have set for the future?	



If you could learn something new, what would it be?
What person do you most admire and why?
Describe your ideal Saturday.

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 this mentoring program. Further, I provide permission for G.O.O.D. for Girls, Inc. to conduct the same investigation of my background in previous states in which I have resided.

Signature: _____

Date: _____

Full Name: _____

Alias Names, Previous Names

and Maiden Names: _____

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 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. is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.
	I give permission for images of my person to be used by G.O.O.D. for Girls, Inc. or a 3 rd 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 G.O.O.D. for Girls, Inc. on their Facebook page and follow them on Instagram.
	I agree to allow G.O.O.D. for Girls, Inc. to access my twitter page.

I understand I must a **copy of my valid driver's license and proof of auto insurance**, along with this application, and that any incomplete information will result in the delay of my application being processed.



31 Manhattan Avenue | White Plains, NY 10607
Phone: 914- 407- 4301 | Email: info@goodforgirlsinc.org
www.goodforgirlsinc.org

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 return this application and the items listed above to G.O.O.D. for Girls, Inc. by:

Mail: G.O.O.D. for Girls, Inc., 31 Manhattan Avenue, White Plains, New York 10607

Email: info@goodforgirlsinc.org

For more information call: (914) 407-4301.

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