



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:

Arts & Crafts	Business	Animals/Pets	Cooking	Reading
Debate	Civics	Public Speaking	Sports	Dancing
Fine Arts	Writing	Gardening	Yoga	Technology
Shopping	Science/Math	Photography	Music	Tutoring

Other: _____



Employment History: *Please provide employment information for the past three (3) 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:		Your position:	
Dates of Employment:		To	

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

Employer:			
Position Held:		City:	
Street Address:		State:	
Zip:		Contact #:	
Supervisor Name:		Your position:	
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 your family, friends, and co-workers describe you?
5:	How would you encourage or what would you do to empower a young girl to be the best version of herself?
6:	What does "mentoring a young girl into a confident woman" mean to you?
7:	Can you commit to participate in GfG as a one-to-one mentor for a minimum of one year? Yes No
8:	Have you ever been convicted of a crime? Yes No
9:	Have you ever abused illegal drugs? Yes No



7 Legion Drive Valhalla, NY 10595
 Phone: (914) 407-4301
 Email: info@goodforgirlsinc.org
 www.goodforgirlsinc.org

10:	Are you dependent on any legal or illegal drugs?	Yes	No
11:	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: *After school* *Evenings* *Weekends*

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

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 or special needs? 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 do you like to read about?
What is your profession 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: _____

Print Full Name: _____

Alias Names, Previous Names and Maiden Names:

Current Driver's License No: _____

State: _____



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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 related 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 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.

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.

Mail: G.O.O.D. for Girls, Inc., 7 Legion Drive, Valhalla, New York 10595

Email: info@goodforgirlsinc.org

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



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