



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

Group Mentoring is an opportunity for girls to interact in a more intimate setting of up to ten (10) girls learning new skills, increasing their knowledge, exploring/experiencing new things, improving their self-esteem and mental stability, receiving academic support, developing essential assets, find their voice, and much more through various workshops. The group mentor must commit to 1 to 1½ hour sessions, once a week, for 3 or more consecutive weeks. The hours of group mentoring are 5:00pm – 7:30pm, Monday - Thursday. Group mentors must complete an application, agree to a background check, and provide the goals and objectives of the workshop series.

Thank you for your interest in joining the mission of G.O.O.D. for Girls, Inc.

Group Mentor Application

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

Employment History: *Please provide employment information for the past two (2) 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	

If self-employed, please indicate:

Name of Business:			
Address of business:			
Facebook:		Instagram:	
Email:		Other Social Media:	

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 are you interested in being a group 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:	What area of interest or specific topics, or workshops would you like to share with young girls?
5.	Are you able to commit to at least one hour, one day, for three or more consecutive weeks? YES NO
6.	What time(s) and day(s) are you available for group mentoring? Indicate 1 to 1½ hours between 5:00pm – 7:30pm, Monday – Friday. <i>(example: 5:00pm – 6:00pm on Mondays for 4 weeks beginning February 5, 2024.)</i>
7.	What age group are you comfortable working with or is best suitable for the planned workshops? 9-10 11-12 13-15 16-18 Check all that apply.
8.	Do you speak other languages? Please indicate:
9.	Are you comfortable working with girls who have disabilities or special needs? YES NO
10.	Are you a mandated reporter? YES NO

11.	Have you ever been convicted of a crime?	YES	NO
12.	Have you ever abused illegal drugs?	YES	NO
13.	Are you dependent on any legal or illegal drugs?	YES	NO

Personal References:

Please list the names, email, and phone numbers of two (2) people, *other than a relative*, who has known you for more than a year you would like to use as a character reference. 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: _____

Phone: _____ Email Address: _____

Relationship: _____

Name: _____

Phone: _____ Email Address: _____

Relationship: _____



Information Release

I, _____, understand it will be necessary for G.O.O.D. for Girls, Inc. to conduct a background check, criminal history, personal references, social networking, and employment.

Signature: _____

Full Name: _____

Please initial each of the following:

	I agree to follow the group mentoring procedures of G.O.O.D. for Girls, Inc.
	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.

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 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.

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



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