



Group Mentor Application

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



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 group mentor? |
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| 2: | Do you have any previous experience volunteering or working with youth? If so, please specify. |
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| 3: | What qualities, skills, or other attributes do you feel you have that would benefit a youth? |
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| 4: | How would you describe yourself as a person? |
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| 5: | How would your friends, family, and co-workers describe you? |
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| | |
| 6: | Are you able to commit to at least one hour, one day, for three consecutive weeks (sessions)? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7: | Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8: | Have you ever abused illegal drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9: | Are you dependent on any legal or illegal drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10: | Have you ever been charged with a DUI? Yes <input type="checkbox"/> No <input type="checkbox"/> |



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? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|------------------------------|-----------------------------|

What is one goal you have set for the future?



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| If you could learn something new, what would it be? |
| What person do you most admire and why? |
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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: _____

Full Name: _____

Drivers License #: _____

State Issued: _____

Expiration Date: _____



Please Read carefully before signing: *G.O.O.D. for Girls Mentoring Program appreciates your interest in becoming a group mentor.*

Please initial each of the following:

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|--|---|
| | 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. |

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!