

Volunteer Application

Application does not guarantee acceptance

Applicant Informatio	n			
Circle the position to which you are applying: Volunteering Mentor None Mentoring Volunteer Other				
Last Name:	First Name:	Middle Name:		
Current Address:				
City:	State:	Zip Code:		
Phone Number:	Email:	Email:		
Date of Birth:	Grade:	GPA:		
School Name:				

Section II.

Section I.

Emergency Contact Information 1.					
Last Name:	First Name:	First Name:			
Relationship:	Phone Number	Date of Birth:			
Emergency Contact	Information II.				
Last Name:	First Name:				
Relationship:	Phone Number				
Emergency Contact Information III					
Relationship:	Phone Number	Date of Birth:			

Last Name:	First Name:	
Relationship:	Phone Number	Date of Birth:

Highest grade level completed?

1. Why are you interested in the program?

2. What are your strengths?

3. What are your areas of weakness?

Signature

Date

Name (Please Print)

Date

Applicant's Name: _____

Please read this carefully before signing:

The Girls Like You 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 Girls Like You mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

(optional) I agree to allow Girls Like You mentor program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all the following completed items 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

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). Include at least one relative. Any information Girls Like You mentoring program gathers from these references will be held as confidential and not released to you, the applicant.

Name:		Address:	
		City:	
	State:		Phone:
	Relationship:		
	How long known:		
Name:			Address:
	State:		Phone:
	Relationship:		
	How long known:		
Name:			Address:
			-
	State:	Zip:	Phone:
	Relationship:		
	How long known:		
Name:		Address:	
	State:	Zip:	Phone:
	Relationship:		
	How long known:		
Name:			Address:
			-
	State:	Zip:	Phone:
	Relationship:		
	How long known:		
Name:			_Address:
		City:	
	State:		
	Relationship:		
	How long known:		

Mentor Interest Survey

Name: _____ Date: _____

Please complete all the following. This survey will help Girls Like You Mentoring Program 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 age group(s) you are interested in working with:

Age: 12–14.... 15–17.... 18-19....

Ethnicity:

Do you speak any languages other than English? If so, which languages?

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?

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.

Please check all activities you are interested in:

Biking Camping.... Science.... Cooking Library HikingBoatingMusicSportsYoga....Golf.... SwimmingGardeningParksMoviesFishingAnimals/PetsPainting/Photos..... Board GamesShopping

List any other areas of strong interest: