

Fighting To Be Heard Youth Mentor Program

MENTOR APPLICATION FORM

All Fields Required.



Personal Information

Name
full name (first, middle, last)

Gender
select one

 Male Female

Address
street name

Home Phone
(123) 456-7890

Address
city, state zip code

Mobile Phone
(123) 456-7890

Employer

Occupation

Employer's Address
street name

Work Phone
(123) 456-7890

Employer's Address
city, state zip code

Email
a valid email address

Volunteer Information

Indicate your grade preference:
select one or more

 Elementary School Middle School High School

What do you feel are the strengths (bilingual, math skills, previous relevant volunteer experience, etc.) you can bring to this program?

Write a brief statement on why you have chosen to participate in the mentor program.

I understand that the mentor program involves spending a minimum of one hour every week for the academic year at a school with an assigned student.

 Yes No

I understand that I will be required to complete the mentor program orientation and at least two training sessions during the year.

 Yes No

Within the last 10 years, have you been convicted of a felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?

 Yes No

Are you under current indictment or has a district/county attorney accepted a complaint for any of these offenses?

 Yes No

If the answer is YES to the previous questions, please explain below:

Educational Background
select one

 Some High School High School Graduate
 Some College Graduate/Professional School
 Technical School College Graduation
 Other

Why do you want to become a mentor?

What days of the week are you available to volunteer?
check all that apply

 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What is the best time for you to volunteer?
check all that apply

 Mornings Afternoons Evenings Weekends

References

Please list four references: (please include at least one family member, one personal friend and one work reference):

Name
full name

Name
full name

Address
street name

Address
street name

Address
city, state zip code

Address
city, state zip code

Phone Number
(123) 456-7890

Phone Number
(123) 456-7890

Relationship

Relationship

Name
full name

Name
full name

Address
street name

Address
street name

Address
city, state zip code

Address
city, state zip code

Phone Number
(123) 456-7890

Phone Number
(123) 456-7890

Relationship

Relationship

In making this application to be a volunteer, I understand that the *Fighting To Be Heard Youth Mentor Program* routinely performs criminal and driving record checks of all volunteers for the position of mentor for which I am applying. All mentors must undergo the Federal Background Check.

Prospective mentors are responsible for procuring the Federal Background Check and submitting the results to DFGOYC. When selecting your method of payment, DFGOYC requests that you select option two (\$55.00) which is delivered via email and mail. For verification purposes and the organization's volunteer records, DFGOYC also requests that the mailed COPY sent to your home stays SEALED and UNMARKED. You may forward your sealed and unmarked copy for review and acceptance to:

Mr. James Kyles
CEO/President
Destined for Greatness Outreach Youth Center
963 Welch Street SW
Atlanta GA 30330

All Records will be kept confidential. If I fail to sign, it may be grounds for rejecting me as a mentor.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

Signature
please type your full legal name

Date
today's date

Social Security Number (needed for criminal record checks):
000-00-0000

Birth Date (needed for record checks):
00/00/0000

Optional Information

Do you prefer working with a particular grade level?

 Elementary Middle School High School

Do you prefer working with a

 Male Female No Preference

Do you prefer working with a quiet, reserved youth?

 Yes No No Preference

Do you prefer working with an outgoing child?

 Yes No No Preference

Do you prefer working with a student from a specific racial/ethnic group?

 Yes No No Preference

If YES, please specify:

Do you speak a foreign language?

 Yes No

If YES, please specify:

Please list any hobbies or interests you may have:

What would you like to do with a mentee?

What clubs or groups, if any, do you belong to?

My favorite subject in school was:

My least favorite subject in school was:

Activities
select all that apply

 Sports Music Writing
 Reading Theater Movies
 Photography Parks and Zoos Museums
 Computers Games Cooking
 Career Programs Hiking and Nature Other

What qualities would you like in a mentee?

What individual has served as a role model for you? Why?

If you could recommend one book for your mentee to read, what would it be?

Captcha
copy the words

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Submit