



FOR OFFICE USE ONLY

Date Application Received: _____

Date of Mentor interview: _____

MP Staff Signature: _____

GIRLS QUEST MENTOR APPLICATION

Please print or type. It is important that all questions are answered completely. All information is completely confidential and only used for agency purposes.

I. PERSONAL DATA

Full Name: _____ Date of Birth: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Number of years at current residence: _____

**If less than two years, please provide previous address:*

*Address: _____ *Apt. #: _____

*City: _____ *State: _____ *Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Email: _____

Race: (Circle One/List)

White Black/African-American Hispanic Asian
 Pacific Islander Native American Multi-Racial Other _____

How did you hear about our Mentor Program? _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Email: _____

II. EMPLOYMENT/ EDUCATION

(Please attach most recent resume)

If currently employed, name of employer _____

Work Address: _____

City: _____ State: _____ Zip code: _____

Position/Title: _____

Work Schedule: (Please list days and hours worked) _____

**If unemployed, for how long?* _____

Briefly explain, why do you want to be a mentor? _____

Are you confident you can make a commitment of spending twice a month for at least one year with a mentee? Yes ___ No ___

If matched, will you be able to meet the program requirements of supervision (follow up with your match supervisor twice a month after each outing for first **3 months** and monthly contact thereafter)? Yes _____ No _____

Do you have restrictions and/or preferences regarding the teen you will be matched with? Yes _____ No _____

If YES, please explain: _____

Are you willing to be paired with a mentee who does not live in the same borough as you do? Yes _____ No _____

For legal purposes, Girls Quest must have the following information on file:

Have you ever been convicted of a crime(s) in this state and elsewhere and have any charges currently pending anywhere (other than a traffic violation) in the past ten years? Yes _____ No _____

If YES, please explain: _____

Have you ever been criminally charged with any crime related to mistreatment, abuse, or molestation of children?

Yes _____ No _____

If YES, please explain: _____

IV. REFERENCES

Please list three references who can serve as a character reference. **YOU MUST INCLUDE YOUR JOB SUPERVISOR OR ACADEMIC ADVISOR. YOU MAY NOT USE RELATIVES OR SIGNIFICANT OTHERS.**

Full Name: _____ Relationship to you: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Email: _____

Full Name: _____ Relationship to you: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Email: _____

Full Name: _____ Relationship to you: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Email: _____

I hereby certify that all information contained in this application is true. I understand that this application becomes the property of Girls Quest. **In the event of the agency's determination of my ineligibility, the reason will not be provided.** Furthermore, I understand that if accepted, any false statements on this application will result in immediate termination.

Signature of Applicant

Date

PLEASE READ CAREFULLY AND SIGN

Girls Quest is a youth development organization designed to help girls who, in the opinion of the professional agency staff, have shown the desire, need, and ability to form a relationship with an interested adult and demonstrate that the family situation does not require services that this organization cannot deliver. This application is designed to establish a profile for the potential mentor and aid us in matching the mentor with the girl's needs. It is one of the methods used to determine the mentor's suitability for the program.

Girls Quest does not discriminate with regard to the applicant's race, color, creed, gender, sexual orientation, marital status, place of natural origin, age, or disability.

Please be sure to read the following agency guidelines:

By signing below, I understand and agree that:

1. This application does not obligate me to become a mentor.
2. This application does not obligate the agency to interview, assign, or actively seek to assign a mentee to me.
3. As part of the agency's application process, professional agency personnel will obtain additional personal information from me.
4. It is my responsibility to ensure that the agency receives all pertinent information. Noncompliance will result in withdrawal of consideration from the program.
5. As part of the agency's application and interview process, I am aware that the Girls Quest staff are, by law, MANDATED REPORTERS and are required to report any "suspicion" of child abuse or negligence to the proper authorities.

Signature of Applicant

Date

Print Name