

**Bold Futures Mentoring Project**

Mentor Volunteer Application

Girls Inc. of Worcester 125 Providence Street Worcester, MA (508) 755-6455

Volunteer Mentor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Colleges/Universities Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentoring will take place on Wednesdays from 5:30 p.m. to 7:30 p.m. from Nov 7th through May 1st 2019. Are you available during these hours? Yes  No

Age Preference: Any Age  9-11  12-14

Languages: Spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ Written: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_

**Tell Us About Yourself.**

(If you need additional space to provide your responses, please attach an additional sheet of paper to this form)

1. What are your favorite subjects to read about?

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1. What were your favorite subjects in school? Your least favorite?

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1. Describe your job. How and why did you choose this field?

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1. What person do you most admire and why?

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1. What other areas of interest do you have?

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**Youth/Mentor Experiences**

Please answer all of the following questions as completely as possible. If more space is needed,

use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor?

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1. Do you have any previous experience volunteering or working with youth? If so, please specify.

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1. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.

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1. How would you describe yourself as a person? How would your friends, family, and co-workers describe you?

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1. Mentoring a young person is a big responsibility and can change the lives of both the mentor and the mentee. What do you hope to gain from the experience and what do you hope the mentee gains from the relationship?

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1. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?

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**Girls Inc. of Worcester  
Bold Futures Mentoring Project Guidelines**

**In order to participate in the Girls Inc. Bold Futures Mentoring Project, mentors must:**

* Be at least 18 years of age
* Be dependable and consistent in meeting time commitments
* Complete an application, background check, and mentor training

**Project Guidelines:**

* Mentors and mentees will meet for 2 hours per week
* All mentoring activities must take place during Girls Inc. program hours
* Mentors and mentees may not meet in person outside of the Girls Inc. program
* All mentoring will be done by the assigned volunteer mentor
* Girls and mentors will be matched according to location, age, interests, and Bold Futures Mentoring Project Objectives.

**Please initial each of the following**

\_\_\_\_\_\_\_ I agree to follow all mentoring program guidelines and understand that any violation may result in suspension and/or termination of the mentoring relationship. ­­­­­­­­­­­­­

\_\_\_\_\_\_\_ I will commit to meeting with my mentee on a regular schedule for 2 hours each week. If I will not be able to meet on a regularly scheduled mentor day, I will notify Girls Inc. staff in advance.

\_\_\_\_\_\_\_ I agree to meet with my mentee’s parent(s) and Girls Inc. staff each semester to assess progress.

\_\_\_\_\_\_\_ I agree to submit monthly reports to verify mentoring hours and report areas of concern.

\_\_\_\_\_\_\_ I understand that I may not meet with my mentee in person outside of Girls Inc. program time.

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 email or fax this application by October 12, 2018 to: Terry Szydlik at** [**tszydlik@girlsincworcester.org**](mailto:tszydlik@girlsincworcester.org) **or (508) 798-9847.**