



### AMWA G.E.M. Mentor Application

**SECTION ONE: GENERAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Parent's Name and Contact: *(If under 18yrs old)*

\_\_\_\_\_

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

**SECTION TWO: SCHOOL / EMPLOYMENT INFORMATION**

Occupation: \_\_\_\_\_ Employer/School Name: \_\_\_\_\_

Title/ Grade: \_\_\_\_\_

Name of Supervisor/Counselor: \_\_\_\_\_ Title: \_\_\_\_\_

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

**SECTION THREE: Driving Ability**

Do you have a valid Driver's License?  Yes  No

State Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expire Date: \_\_\_\_\_ DL Number: \_\_\_\_\_

Have you ever been in a car related accident? \_\_\_\_\_ If "Yes", please explain: \_\_\_\_\_

\_\_\_\_\_

Will you be able to drive yourself and your mentee to any activities or events for the G.E.M program?

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**SECTION FOUR: MENTORING INFORMATION**

Why do you want to be a mentor?

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Do you have any previous experience volunteering, mentoring, or working with youth?

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Do you have any hobbies or special skills?

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What support or resources would you need to be successful as a mentor?

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As a youth, did you have a mentor? What was successful and challenging about being mentored?

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**REFERENCES**

Please list the names, addresses, and phone numbers of one personal character reference, plus one employer/Teacher reference. Please list only non-relatives you have known for at least a year.

**Reference 1:** Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Reference 2:** Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## PROGRAM RULES AND RESPONSIBILITIES

- Meetings will be held twice a month on Saturdays from 2pm – 4:30pm (Location TBD)
- I understand that I am committing to participate in the program for a 12 month duration.
- I will attend all meetings (unless there is some unforeseen reason to miss the session). In case of absence I will inform the Program Lead.
- I understand that more than two absences will lead to expulsion from the program.
- I will be responsible to complete any assigned work.
- I will actively communicate with my mentor and the group through emails or phone in a timely manner.
- I will be respectful towards the other mentees and mentors in my group.

**Please read this carefully before signing:**

By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed.

I have read and understood the program's rules, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor. I agree to the time commitment to my mentee of at least 6-8 hours a month for 12 months.

Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_