



Ladies UNITED BY HOPE VOLUNTEER MENTOR APPLICATION

Personal Information

- Full Name: _____
- Date of Birth: _____ (Month) _____ (Day) _____ (Year)
- Phone Number: _____
- Email Address: _____
- Home Address: _____
City: _____ State: _____ Zip: _____

Employment/Occupation

- Current Employer: _____
- Job Title: _____
- Work Address: _____
- Work Phone Number: _____

Availability

- **How many hours per week/month are you available to volunteer?** _____
- **Preferred days/times to volunteer:**
 - Weekdays
 - Weekends
 - Mornings
 - Afternoons
 - Evenings
- **Are you available for virtual mentoring?** Yes No

Mentoring Experience

- **Have you ever been a mentor before?** Yes No
 - If yes, please describe your experience.
- **Why do you want to be a mentor?**

- **What skills or expertise do you bring to mentoring?**

- **What areas do you feel most comfortable mentoring in?** (Check all that apply)

- Career Development
- Academic Support
- Personal Growth
- Life Skills
- Faith/Spirituality
- Other: _____

Background Information

- **Do you have any certifications or training related to mentoring or working with youth/adults?** Yes No

- If yes, please list:

- **Have you ever been convicted of a felony?** Yes No

- If yes, please explain:

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- **Do you consent to a background check?** Yes No

References

Please provide two references who can speak to your character and qualifications for being a mentor.

- **Reference 1:**

- Name: _____
- Relationship to Applicant: _____
- Phone Number: _____
- Email Address: _____

- **Reference 2:**

- Name: _____
- Relationship to Applicant: _____
- Phone Number: _____
- Email Address: _____

Additional Information

- **How did you hear about our mentoring program?**

- **Is there any other information you would like to share about yourself?**

Signature:

By signing this application, I certify that the information provided is true and accurate. I understand that I may be subject to a background check.

Signature: _____ Date: _____