



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:** _____