

**HOPE FOR A NEW GENERATION**

PO Box 92040  
Atlanta, GA 30314  
Email: [info@hfng.org](mailto:info@hfng.org)  
Site: [www.hfng.org](http://www.hfng.org)



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*"NO DISTANCE IS TOO FAR TO REACH A CHILD"*

# Volunteer Mentor Application

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**General Information**

Full Legal Name: \_\_\_\_\_

(If less than five (5) years at your current location, please provide your previous address.)

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

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

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

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

E-mail: \_\_\_\_\_

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**Personal Information**

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

Gender: \_\_\_\_\_

In Case of Emergency Call: \_\_\_\_\_  
(Name and Phone Number)

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**Personal References:**

Name 1: Phone Number

Name 2: \_\_\_\_\_ Phone Number \_\_\_\_\_

Name 3: \_\_\_\_\_ Phone Number \_\_\_\_\_

Education Information: \_\_\_\_\_

College Attended Degree Major: \_\_\_\_\_

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### Employment Information:

Company: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

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***Protection and safety of young people involved in the mentoring program is extremely important to us. All mentor candidates will be subject to a criminal background check. I certify that the information supplied above is correct and accurate to the best of my knowledge.***

***I also give permission to contact references and complete a criminal background check.***

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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### Office Use Only:

Notes:

Date Received: \_\_\_\_\_ Entered In Database: \_\_\_\_\_ Background Check Complete: \_\_\_\_\_

Training Scheduled: \_\_\_\_\_ Application Withdrawn: \_\_\_\_\_ Volunteer Not Accepted: \_\_\_\_\_

Volunteer Assigned : \_\_\_\_\_ Training Complete Notes: \_\_\_\_\_