

■ Group of Ambitious Leaders- G.O.A.L. MENTOR APPLICATION



Thank you for your interest in becoming a mentor with the Group of Ambitious Leaders (GOAL). Our mission is to empower and support single mothers, fathers, and youth in inner-city communities by providing guidance, leadership, and educational opportunities. Please complete the application below to be considered for a mentorship role.

PERSONAL INFORMATION

Date

Full Name: _____ Date of Birth: _____

Phone Number: _____ Email Address: _____

Home Address: _____ City, State, Zip Code: _____

PROFESSIONAL & EDUCATIONAL BACKGROUND

Current Occupation: _____

Employer: _____

Highest Level of Education Completed: _____

Relevant Certifications or Skills: _____

Do you have experience mentoring or working with youth?

☐ Yes ☐ No

If yes, please describe: _____

BACKGROUND INFORMATION

GOAL is committed to providing a safe and positive environment for our mentees. As part of our application process, we require background screenings for all mentors.

Have you ever been convicted of a felony?**

☐ Yes ☐ No

If yes, please explain: _____

Do you consent to a background check?

☐ Yes ☐ No

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MENTORSHIP INTERESTS & AVAILABILITY

Why do you want to become a mentor with GOAL?

Which areas are you most interested in mentoring? (*Check all that apply*)

- ☐ Financial Literacy
- ☐ Entrepreneurship
- ☐ Personal Development
- ☐ Emotional & Spiritual Support
- ☐ Academic Support
- ☐ Trades & Career Exploration
- ☐ Other: _____

Preferred age group to mentor:

- ☐ Youth (Grades 6-8)
- ☐ Teenagers (Grades 9-12)
- ☐ Young Adults (18-25)
- ☐ Single Mothers & Fathers

Availability: (*Check all that apply*)

- ☐ Weekdays (Morning)
- ☐ Weekdays (Afternoon)
- ☐ Weekdays (Evening)
- ☐ Weekends

REFERENCES

Please provide two references who can speak to your character and mentoring capabilities.

Reference 1:

Name: _____

Relationship: _____

Phone Number: _____

Email: _____

Reference 2:

Name: _____

Relationship: _____

Phone Number: _____

Email: _____

AGREEMENT & SIGNATURE

By signing below, I certify that all information provided is true and complete to the best of my knowledge. I understand that GOAL may conduct a background check and that submission of this application does not guarantee acceptance into the mentorship program.

Signature: _____ **Date:** _____

Thank you for your application! We will review your submission and reach out regarding the next steps in the mentorship process.

*For any questions, please contact us at **info@groupofleaders.org - 313-716-9211**.*