



MENTORING APPLICATION

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

References:

To ensure the safety of the program participants, The Boys & Girls Clubs of Syracuse will be checking personal references on every applicant. Please list two people who know you well and can attest to your character, skill and dependability.

Reference 1:

First Name: _____ Last Name: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Relationship: (check one) Clergy Family Friend Teacher Work

Reference 2:

First Name: _____ Last Name: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Relationship: (check one) Clergy Family Friend Teacher

I promise that will hold in confidence all information regarding youth involved in the mentoring program. I will not violate the confidential relationship between the organization, youth, and other mentors. I further understand that I can discuss the case of a child assigned to me only with The Boys & Girls Clubs of Syracuse's Senior Staff.

(Print Name)

(Signature)



Questions:

1. Why do you want to be a mentor?

2. Have you ever worked with youth? If yes, please explain in what capacity you have worked with youth. (What was your role and was it through volunteer activities, your own children, etc.?)

3. What do you do for your current employer? (Briefly explain your current job responsibilities.)