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**Life Launch Mentor Volunteer Application**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**General Information** *(Please Print)*

Legal Name: \_\_\_\_\_  
   Last                              Middle                              First                              Maiden

Age: \_\_\_\_\_      DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Sex: M / F      Race/Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_  
   Number/Street/Apt.#                                      City                                      Zip Code

Primary phone: \_\_\_\_\_      Alternate phone: \_\_\_\_\_

Work phone: \_\_\_\_\_      Email: \_\_\_\_\_

Best way/times for Life Launch staff to contact you (check all that apply):

- Phone     Email
- Work     Home (Day / Night)
- Any Day     Monday     Tues     Wed     Thurs     Fri     Sat     Sun

Marital Status: (check one)

- Single     Engaged     Married     Separated     Divorced     Widowed

If applicable, how long since divorced or widowed?

**\*Are you applying as a married couple?** If so, Spouse's name:

\_\_\_\_\_

If married or engaged, how does your significant other feel about your potential involvement and time commitment in the program?

Do you have dependents living in the home? Y / N      If so, what ages? \_\_\_\_\_

\* \* \* \* \*

**Emergency Contact Information**

Name: \_\_\_\_\_      Relationship: \_\_\_\_\_

Primary phone: \_\_\_\_\_      Alternate phone: \_\_\_\_\_

# Life Launch Mentor Volunteer Application

## Faith Practices

Where do you attend church? \_\_\_\_\_  
Name City

How long have you attended there? \_\_\_\_\_

Pastor's Name/Contact number: \_\_\_\_\_

Where did you previously attend? \_\_\_\_\_  
Name City

Describe the spiritual disciplines you practice for your continued Christian spiritual growth and development? (e.g., how often you read scripture, groups you may participate in)

## Personal Experience

Yes  No Have you ever been a foster parent?

Yes  No Were you adopted?

Yes  No Were you in foster care?

Yes  No Have you been in guardianship?

Yes  No Did you ever live outside your biological family's home in a different arrangement?

Yes  No Have you ever been involved in another mentoring program or youth service agency?

If so, where and when? \_\_\_\_\_

*\*Please include references from any previous mentoring organization in the reference section of this application.*

1. How many siblings lived with you in the home and what was your position in the sibling group (e.g., middle child)?
2. Who do you credit as primarily raising you (e.g., parents, single parent, aunt)?
3. Why are you interested in being a mentor?

## Life Launch Mentor Volunteer Application

4. Describe any experiences you have had with mentoring and/or volunteering with youth?
  
5. Why do you think you would be a good mentor?
  
6. What other community activities (clubs, organizations), if any, are you involved in?
  
7. Are there any issues these youth may be facing that you may feel uncomfortable discussing with them?
  
8. How comfortable would you be with a youth who expresses a gay/lesbian or transgender sexual orientation/identity?
  
9. Do you have a mental health diagnosis that requires regular medication or counseling therapy?\_\_\_\_\_ If so, how long have you been consistent/compliant in your health care regimen?
  
10. Have you ever had a history of substance abuse?  
If yes, how many consecutive years have you been in a non-addictive period? \_\_\_\_\_  
What was the nature of your addiction?

\* \* \* \* \*

### How did you learn of the Life Launch/Stand in the Gap Program?

\_\_\_ Church    \_\_\_ Friend/Co-worker    \_\_\_ SITGM website    \_\_\_ Newspaper  
\_\_\_ Current/Former LL Mentor; If so, may we have their name? \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_

# Life Launch Mentor Volunteer Application

## REFERENCES

In addition to your Pastor and Employer, please provide two additional references as described:

### Non-Family Reference

Name:	Phone:
Email:	Alt Phone:
Relationship:	Years Known:

### Family Reference; Living OUTSIDE the home

Name:	Phone:
Email:	Alt Phone:
Relationship:	Years Known:

Please notify your references that we will be contacting them. Our inability to reach them will delay the processing of your application.

### If applicable, previous Mentoring Organization

Name:	
Address::	
Phone:	Dates served:

### Employer

Occupation: \_\_\_\_\_

Present Employer: \_\_\_\_\_ How long? \_\_\_\_\_

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

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have been with employer for less than one year, please provide your previous employer/company name and contact number:

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

# Life Launch Mentor Volunteer Application

## SCHEDULE / AVAILABILITY INFORMATION

1. Can you offer and do you agree to offer at least 3 hours per month of face-to-face time with your Mentee? \_\_\_ Yes \_\_\_ No (3 hours is our *minimum* requirement)
2. Can you offer and do you agree to contact your Mentee at least once per week via text, email, Facebook or phone? \_\_\_ Yes \_\_\_ No
3. Do you plan to stay in the immediate area for at least one year from the start of this program? \_\_\_ Yes \_\_\_ No
4. If engaged, when do you plan to get married?

What days are you AVAILABLE to meet with your youth/Mentee?

Days:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Times:							

What days/times are you ABSOLUTELY NOT available to meet with your youth/Mentee?

Days:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Times:							