



## Life Launch Mentor Volunteer Application

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. Who do you credit as primarily raising you (e.g., parents, single parent, aunt)?
2. Why are you interested in being a mentor?
3. Describe any experiences you have had with mentoring and/or volunteering with youth?
4. Why do you think you would be a good mentor?
5. How comfortable would you be with a youth who expresses a gay/lesbian or transgender sexual orientation/identity?

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6. 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 and what is the medication / diagnosis?
7. 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?

\* \* \* \* \*

### REFERENCES

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

#### Non-Family Reference

Name:	Cell Phone:
Email:	Alternate Phone:
Relationship:	Years Known:

#### Family Reference; Living OUTSIDE the home

Name:	Cell Phone:
Email:	Alternate 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::	
Cell Phone:	Dates served:

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### Employer

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

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

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

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

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

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

### 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:							

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### MY PERSONAL INTERESTS

In each of the word pairs, the word that *most often* describes me is:

\_\_\_ *Talkative* or \_\_\_ *Quiet*      \_\_\_ *Funny* or \_\_\_ *Serious*      \_\_\_ *Energetic* or \_\_\_ *Laid Back*

3 other words that I think describe me are:

When I have a choice, I *most often* prefer to

\_\_\_ have a lot of noise around me (music, TV, people talking, etc.)

\_\_\_ have it pretty quiet

When I have a choice, my top 2 favorite types of movies are...

\_\_\_ action

\_\_\_ biography/true story

\_\_\_ comedy

\_\_\_ romance

\_\_\_ scary

If I could go anywhere in the world, I would go [where] and see/do [what]?

My favorite subject(s) in school are (were):

The thing I hate (or hated) most about school is (was):

When I was little, I wanted to be a \_\_\_ when I grew up:

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In my free time I like to...

(Check all that apply)

Describe: What kind or type?

	Play/watch sports	
	Watch TV	
	Play music	
	Make music	
	Read	
	Play video games	
	Draw, paint	
	Write, compose	
	Shop	
	Eat (Favorites?)	
Other? Describe...		

My most important relationships are with:

Name \_\_\_\_\_ Relationship to me \_\_\_\_\_

Name \_\_\_\_\_ Relationship to me \_\_\_\_\_

For me, the most important qualities or traits of a person are:

For me, the things that matter most in life are:

Something else you should know about me: