



Office Use Only: Application Approved <input type="checkbox"/> Approval Date _____
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Life Launch Mentor Volunteer Application Date____ / ____ / ____

General Information *(Please Print)*

Legal Name: _____
 First Middle (Maiden) Last

Age: _____ DOB: ____/____/____ Sex: M / F Race/Ethnicity: _____

Address: _____
 Number/Street/Apt.# City Zip Code

Cell phone: _____ Alternate phone: _____

Work phone: _____ Email: _____

Marital Status: (check one)

___ Single ___ Engaged ___ Married ___ Separated ___ Divorced ___ Widowed

If applicable, how long since divorced or widowed? _____

If married, what is your spouse’s name? _____

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

* * * * *

Emergency Contact Information

Name: _____ Relationship: _____

Cell phone: _____ Alternate phone: _____

Faith Practices

Where do you attend church? _____
 Name City

How long have you attended there? _____

Pastor’s Name/Contact number: _____

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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

Please provide the following references:

Pastor, small group leader or other church staff member:

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

Manager or supervisor at work:

Name:	Cell Phone:
Email:	Alternate Phone:
Position:	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:

Photography Release Form

Stand in the Gap Media Release

I, _____, hereby grant Stand in the Gap permission to use my likeness in a photograph in any and all of its publications, including but not limited to Stand in the Gap's printed, social media related, and other digital publications. I understand and agree that any photograph using my likeness will become property of Stand in the Gap when submitted to staff or when the photograph is taken by a staff member or representative of Stand in the Gap.

I acknowledge that my participation is voluntary, and I will receive no financial compensation. I authorize Stand in the Gap to edit, alter, copy, publish, and distribute photos for purposes of publicizing Stand in the Gap's programs or other related purposes. I waive the right to royalties or any other compensation arising or related to the use of the photograph. I release Stand in the Gap from all claims and demands which may arise from those acting on behalf of myself or on behalf of my estate.

Printed Name: _____ Date: _____

Signature: _____

Signature of Guardian, if Applicable: _____