



Inspiring all Girls to be Strong, Smart, and Bold

# Girls Inc. of Lynn: Middle School Mentor Application

Mail to: Girls Inc. of Lynn 50 High St. Lynn, MA 01902 or Fax to: 781.592.1160

All volunteer candidates are required to complete an application and agree to a background check and interview. Volunteer service will begin only after a review of the application, interview and returned CORI has been completed, and you are contacted by the Middle School Program Director. All application information is maintained confidentially in a secured location to protect candidate's privacy. You must supply a photo I.D. **Please print clearly.**

## PERSONAL INFORMATION

First Name:	Last Name:	Date:
Home Address:	City, State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Current Employer:	Business Address:	Current Job Position:

## EDUCATION AND TRAINING

Please include information from college, and/or other educational training.

School/University Name:	Major Area of Study:	Current Student?	Grade:

## PREVIOUS VOLUNTEER EXPERIENCE

Please include information from your most current volunteer experiences.

Organization Name:	Volunteer Responsibilities:	Dates:

## AVAILABILITY and PREFERENCE

A commitment of one day a week from 5:00 to 6:00pm is required. Which day(s) work best for you?

\_\_ Monday      \_\_ Tuesday      \_\_ Wednesday      \_\_ Thursday

## VOLUNTEER RECRUITMENT

How did you first learn about Girls Incorporated of Lynn?

- Employer or co-worker
- Referred by a current Girls Inc. volunteer or staff
- www.girlsinclynn.org
- Volunteer recruitment website
- United Way / Volunteer Solutions
- Referred by a friend
- Other, Please explain: \_\_\_\_\_

## REFERENCES

Please list two persons unrelated to you.

Name:	Relationship:	Phone and/or Email:
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## RACE/ETHNICITY

*This information is optional and confidential and is only used in aggregated form. Thank you.*

How do you describe your ethnic/racial heritage? Asian      African American      Hispanic      Caucasian  
Multi-Racial      Other : \_\_\_\_\_       I choose not to answer

## PERSONS WITH DISABILITIES

*This information is optional and confidential and is only used in aggregated form. Thank you.*

Do you identify yourself as a person with a disability? \_\_\_\_\_ Please Describe: \_\_\_\_\_

## MENTOR MATCH QUESTIONS

- Do you have any experience working with youth? If yes, in what capacity?  
\_\_\_\_\_
- Why are you interested in being a mentor?  
\_\_\_\_\_
- Are you involved in any other community activities (Clubs, organizations, etc.)?  
\_\_\_\_\_
- What are the strengths/skills you could bring to this program?  
\_\_\_\_\_
- "I would describe myself as":  
 Talkative     Energetic     Funny     Other: \_\_\_\_\_  
 Quiet         Laidback     Serious
- What languages are you fluent in?  
\_\_\_\_\_
- What do you like to do in your free time? Please check all that apply and give examples of your favorites.  
 Watch Movies: \_\_\_\_\_  
 Play games: \_\_\_\_\_  
 Listen to and/or play music: \_\_\_\_\_  
 Read: \_\_\_\_\_  
 Play and/or watch Sports : \_\_\_\_\_  
 Arts & Crafts: \_\_\_\_\_  
 Cook: \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

**DISCLAIMER: I understand and give permission for Girls Inc. to conduct a Criminal Offender Record Information (CORI) review prior to any direct contact with girls.**

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Date