



AGBU Generation Next Mentorship Program

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MENTOR APPLICATION

Personal Information

Full Name: _____ **Date:** _____

Last *First* *M.I.* *Male / Female*

Current Address: _____

Street Address *Apt./Unit #* *City* *State* *Zip Code*

Previous Address: _____

(if < than 5 yrs) *Street Address* *Apt./Unit #* *City* *State* *Zip Code*

Home Phone: _____ **Mobile Phone:** _____ **Email:** _____

Date of Birth: _____ **Birth Place:** _____ **How long in U.S.A.?** _____

Marital Status: _____ **Spouse's Name:** _____ **Children? (If so, list ages):** _____

Choose one: ___ I work Full Time ___ I attend school Full Time ___ I work and attend school. Explain: _____

Questionnaire

1. Why do you want to become a mentor? _____

2. How did you learn about GenNext? _____

3. Will you be able to take your Mentee out three times a month? _____

4. List **5** Adjectives that best describe you: _____

5. What are some of your special interests and hobbies? _____

6. Have you ever taken part in any social or community projects where you had interaction with children, teenagers or young adults? Describe your involvement, duration of involvement, and if you are no longer involved, please indicate the reason.

7. Have you ever worked with "at-risk" or socio-economically disadvantaged youth? If yes, describe your experience in detail.

8. Please identify a role model/mentor that you have had in your life. How did he/she influence you? _____

9. What type of young person would you prefer to have as a Mentee and why? _____

10. What are some of your fears or concerns about becoming a Mentor? _____

11. How would you handle a youngster who does not respond to your advice and/or mentoring? _____

12. In what areas do you think you can best help your mentee and how? For example: education, career, social, family, sports, etc.

13. What is the most important piece of advice you would pass on to your mentee?

14. In your own experience, what was the hardest part about being a teenager?

15. What do you do when you are stressed, frustrated, or needing support?

16. If you are angry with someone, how do you let him or her know it?

17. How would you feel if your mentee only saw you as someone to share fun and entertaining outings and did not want to participate in anything related to achievement or academics with you? How, if at all, would you approach this issue?

18. Have you ever been convicted of or pleaded guilty to any felony, misdemeanor or other offense? If so, please explain. You need not identify ordinary traffic infractions unless they involve reckless driving or Driving Under the Influence.

19. Do you have any physical restrictions you think we should be aware of? If so, please explain:

20. What is the extent of your current use of tobacco?

21. What is the extent of your current use of alcohol?

22. What is the extent of your current use of drugs?

Education Information

___ High School / GED:

Name of Institution Degree Earned Year Earned

___ Attending College:

Name of Institution Major Degree Earned Year Earned

___ College Graduate:

Name of Institution Major Degree Earned Year Earned

___ Post-Graduate:

Name of Institution Major Degree Earned Year Earned

Employment Information

Current Occupation:

Title

Current Employer:

Duration:

Street Address

Apt./Unit #

City

State

Zip Code

Previous Occupation:

Title

Previous Employer:

Duration:

Street Address

Apt./Unit #

City

State

Zip Code

Driving and Background

Social Security #: _____ DL #: _____ State: _____ Auto Ins Co.: _____ Policy #: _____

References

Please list 2 professional references and 1 personal reference.

Profess.:

<i>First & Last Name</i>	<i>Title & Company</i>	<i>Relationship</i>	<i>Years known</i>	<i>Phone Number</i>
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Profess.:

<i>First & Last Name</i>	<i>Title & Company</i>	<i>Relationship</i>	<i>Years known</i>	<i>Phone Number</i>
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Personal

<i>First & Last Name</i>	<i>Title & Company</i>	<i>Relationship</i>	<i>Years known</i>	<i>Phone Number</i>
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Disclaimer and Signature

I certify that the information in my Mentor Application is correct to the best of my knowledge. I authorize AGBU to conduct a criminal background and driving record check.

I am forwarding a copy of my auto insurance policy and a copy of my driver's license with this application.

Signature of Applicant: _____ **Date:** _____

Office Use Only:

AD: _____ P/F: _____
ID: _____ P/F: _____
BD: _____ P/F: _____
HD: _____ P/F: _____
TD: _____ P/F: _____
MD: _____ P/F: _____