



Thank you for your interest in our mentoring program!

Personal Information

* Please complete all personal information below.

Name	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Birth Date	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

* How do you prefer to be contacted? (Check all that apply)

- Phone Call
- Email
- Text Message

Do you have children?

- Yes
- No

If yes, please list their age and gender.

* Were you a teen mom?

- Yes
- No

Other (please specify)

Mentors are required to volunteer one hour per week for this program. Please specify the best times you're available to mentor. (i.e 1pm-2pm or after 3pm) *Note: Most students will prefer to meet at school during lunch.

Monday	<input type="text"/>
Tuesday	<input type="text"/>
Wednesday	<input type="text"/>
Thursday	<input type="text"/>
Friday	<input type="text"/>
Saturday	<input type="text"/>
Sunday	<input type="text"/>

* We are piloting virtual mentoring when in-person meetings aren't possible. Do you have an iPhone or iPad?

Yes

No

If yes, would you be willing to FaceTime with your mentee?

* How did you hear about BHI mentoring program?

* Have you applied to be a mentor with BHI in the past?

Yes

No

If yes, when?

* Do you speak any languages other than English?

Yes

No

If yes, please list other languages.

Race (optional)

White

Black

Hispanic

Other

Ethnicity (optional)

- White Non-Hispanic
- Black Non-Hispanic
- Hispanic
- Haitian
- Other

Employment Information

* Are you currently employed?

- Yes
- No
- Other (please specify)

Current Employer Information

Company Affiliation

Title

Supervisor's Name

Years at Current Employer

Current Work Address

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Does your company promote volunteer activities?

- Yes
- No

If yes, please explain.

Please indicate below if you're willing to approach your company about any of the following opportunities:

- Mentoring
- In-kind goods/services
- Corporate Sponsorship

Previous Employer (if less than 3 years at current position):

Company	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Years with previous employer:	<input type="text"/>

Please indicate prior volunteer experience. Include Organization, Date Started/Completed, Activity

Education and Training

High School attended:

Secondary School (college, trade school, etc.) attended:

Highest Level of Education Received

Other (please specify)

Year Highest Level Degree was Received:

Other special training:

Questionnaire

Your responses to the following questions will help us determine your eligibility and match you with a mentee.

* Why are you interested in mentoring?

* What would you like your mentee to know about you?

* What would you like your mentee to know about motherhood?

* What qualities, skills or other attributes do you feel you have that would benefit a teen mom?

* What do you think will be most challenging about being a mentor?

* What do you hope to gain from becoming a mentor?

* Please indicate any other volunteer opportunities you may be interested in.

Basics 4 Baby Emergency Pantry

Playroom (Child Care)

Special Events

I'm not interested in any other volunteer positions.

References

Please list (3) references who you have known for at least one (1) year. One of these references must be your current supervisor, if applicable. Relatives or family members cannot be used as references. Please

give contact phone numbers and/or email addresses. References will be contacted by phone and/or email. The information to us by your references will remain strictly confidential.

Please make sure the information provided is current, complete and accurate. A timely response from these references can help expedite the processing of your application. You should let the persons who you have listed below know that they will be hearing from BHI * Reference #1 Name:

Relationship:

Years Known:

Phone Number:

Email Address:

* Reference #2 Name:

Relationship:

Years Known:

Phone Number:

Email Address:

* Reference #3 Name:

Relationship:

Years Known:

Phone Number:

Email Address: