



HerShe Mentor Application

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Cell # _____ Home # _____ Work # _____

Email _____ Date of Birth _____

Name of Insurance Carrier _____ Driver's Lic. # _____

Please list three personal references.

Name _____ Phone _____ Relationship _____

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What is your ethnic background? _____ How many children do you have? _____

of Boys _____ # of Girls _____ What language do you speak at home? _____

What other languages do you speak? _____

Mentors commit to meeting with their HerShe girl twice a month for at least 2 hours for a 12 month period and will make contact by phone or email at least once each off week.

Are you willing to make this commitment? _____

Are there any circumstances that might interfere with you keeping this commitment? _____

Are you willing or able to schedule any traveling you might do around the session dates? _____

Do you belong to any organizations or clubs, including churches or volunteer groups? _____

If yes, please list each organization:

#1 _____ #2 _____

#3 _____ #4 _____

Are you a student? _____ If yes, what school & major: _____

Occupation: _____ Employer: _____

What are your hobbies?

Share two (2) things about you that are unusual or particularly funny:

#1

#2

Please indicate any activities in which you have interest and some proficiency:

- | | | | |
|---|--|-----------------------------------|---|
| <input type="checkbox"/> Physical Fitness | <input type="checkbox"/> Acting | <input type="checkbox"/> Camping | <input type="checkbox"/> Teaching a class |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Singing | <input type="checkbox"/> Swimming | <input type="checkbox"/> Cooking for a Group |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Dancing | <input type="checkbox"/> Hiking | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Track | <input type="checkbox"/> Writing | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Organizing |
| <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Reading/Book Club | <input type="checkbox"/> Travel | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Journaling | <input type="checkbox"/> Cruise | <input type="checkbox"/> Event Planning/ Promotion |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Poetry | <input type="checkbox"/> Museums | <input type="checkbox"/> Newsletter Editor |

Please answer the following questions as completely and as honestly as possible.

Do you prefer to be matched with a HerShe of a specific ethnic background and/or age range?

Please describe any experience you have working with young people:

What qualities do you feel you have that would make you a good mentor?

Are there any issues that you do not want to deal with, such as substance abuse, sexual abuse, sexual orientation, etc? Explain and be specific.

During your lifetime so far, have you struggled with any problems that might mirror the difficulties of the youth in the program?

What is the most important thing for your mentee to know about you and your expectations regarding this experience?

Mentor Agreement

As a mentor, I agree to the following:

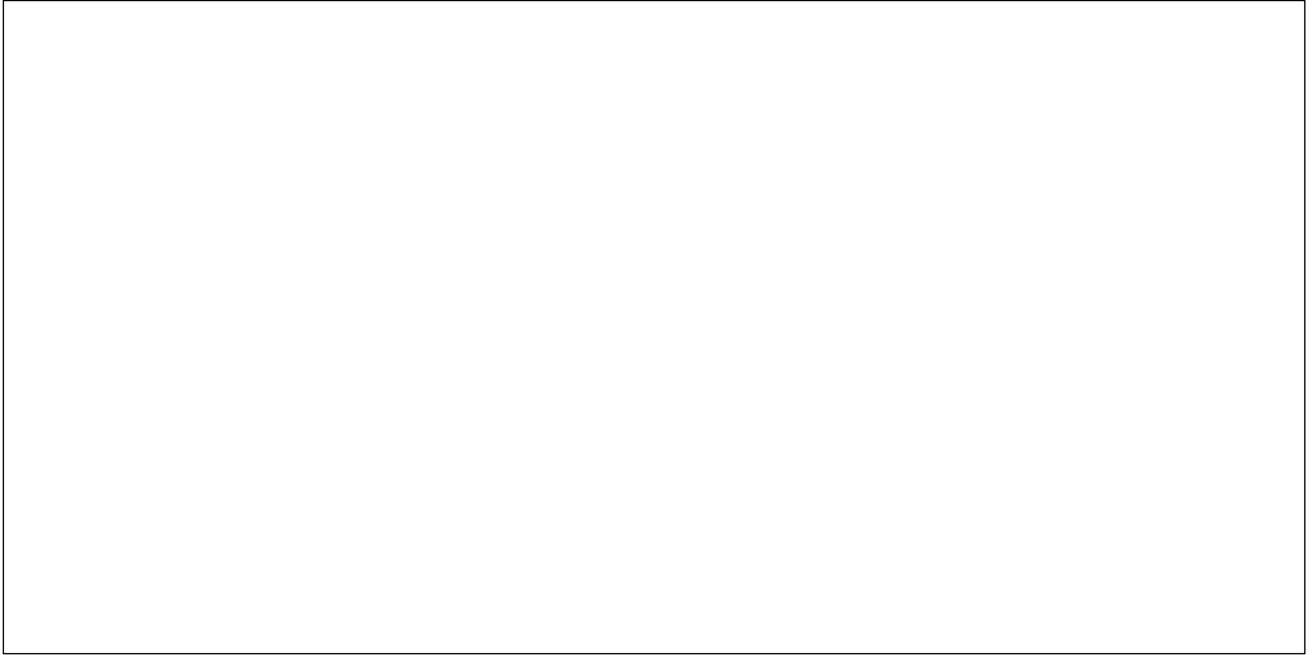
1. I will meet with my mentee a minimum of two (2) hours, twice a month, for one year.
2. I will contact my mentee by phone, mail, or e-mail, once each week between formal sessions.
3. I will be on time for all program sessions.
4. I will notify Kenadie Cobbin-Richardson and my mentee as far in advance as possible if I cannot attend a scheduled session.
5. I will participate in a screening process, which includes fingerprint clearance.
6. I understand that this program is designed for my mentee's personal growth and will participate enthusiastically in all exercises and activities. I understand that even when an activity is uncomfortable to me (i.e. speaking in front of the group); I need to be a good role model by stretching my limitations and participating as fully as possible.
7. I will serve as a friend, coach, and listener for my youth on personal, school, career and other related issues.
8. I will keep conversations with my HerShe confidential, except when confronted with issues that involve the safety, health, or welfare of my mentee or others.
9. I will participate in the exit survey and other evaluation efforts of the program.
- 10. I will not loan or give money, or buy extravagant gifts for my mentee or for her friends or family.**

Signature

Date/Time

Do you have anything else you would like to add to your application?

Comments

A large, empty rectangular box with a thin black border, intended for the applicant to provide additional comments or information.

Thank you for applying to be a part of a young girl's life. Please fax your completed application to (877) 460-5508 and bring the original (with your signature) to your Mentor Training Session.