



MENTORING APPLICATION

Date: _____

Name: _____ | **DOB:** _____

NYID: _____ | **SSN#:** _____

Home Address: _____

City: _____ | **State:** _____ | **Zip:** _____

Home #	Cell #	Work#
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E-Mail: _____

How did you hear about us?

- Volunteer Match NYC Service New York Non-Profit Press
 Internet/Website Referral/friend _____ Board Member _____
 Other: _____

May we contact your present employer?

- Yes No

Employer: _____

Length of Employment: _____

Supervisor's Name and Number: _____

Do you object to our agency running a background check on you?

- Yes No

Have you ever been investigated or convicted of child abuse or neglect?

- Yes No

If yes, please explain:



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Mentoring Experience

Why do you want to be a mentor?

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What qualities, skills, or other attributes do you feel you have that would benefit a young person?

--

Do you have any previous experience working with youth? If so, please explain.

--

How would you describe yourself?

--

Are you willing to attend an initial mentor training session?

Yes No

Can you commit to participate in the "Hour Friends In Deed" Mentoring Program for a minimum of four hours per month for one year from the time you are matched with a youth?

Yes No

Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?

Yes No



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References

Please list the names, addresses, and phone numbers of three people you would like to use as character references that are not related to you (please list only people you have known for at least a year):

Name:	Address:	
City:	State:	Zip:
Phone:	Relationship:	

Name:	Address:	
City:	State:	Zip:
Phone:	Relationship:	

Name:	Address:	
City:	State:	Zip:
Phone:	Relationship:	

Please read this carefully before initialing:

Our program appreciates your interest in becoming a mentor to a child. By signing below, you attest to the truthfulness of all information listed on this application. You understand that "Hour Friend In Deed" Mentoring Program is not obligated to provide reason for their decision in accepting or rejecting you as a mentor. You agree to let our program confirm all information listed and to conduct a federal and state criminal records check.

Please Initial :



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Interest Survey

Please complete all the following. This survey will help Hour Children Mentoring Program know more about you and your interests and help us find a good match for you.

When would you like to meet with your mentor? Please check all that apply.

Weekdays: ___ *Afternoon* ___ *Evening*

Weekends: ___ *Morning* ___ *Afternoon* ___ *Evening*

Please mark (X) the age group(s) you are interested in working with:

6-8	9-11	12-14	15+	Any
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Please mark (circle) which boroughs and neighborhoods you would be willing to commute to:

QUEENS	BROOKLYN	THE BRONX	MANHATTAN	STATEN ISLAND
Astoria	Williamsburg	North Bronx	Upper East Side	North Shore
Flushing	East New York	South Bronx	Upper West Side	South Shore
Jamaica	Bayridge		Lower East Side	
Rockaway	Bedford-Stuyvesant		Lower West Side	



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Do you speak any languages other than English? _____

Would you be willing to work with a child who has special needs or disabilities?

Yes No

If yes, please specify: _____

What are some of your favorite things that you like to do with other people?

--

What is one goal you have set for the future?

--

What is your job and how did you choose this field?

--

If you could learn something new, what would it be?

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What do you like to do for fun? Please circle all that apply 😊

OUTDOOR ADVENTURES	SPORTS	ART EXPLORATION	TECHNOLOGY	FOOD CULTURE
Going to the park	Basketball	Making arts and crafts	Using computers	Trying new foods
Going to the zoo	Baseball	Listening to music	Playing video games	Cooking
Having a picnic	Football	Dancing	Working with robotics	Baking
Fishing	Soccer	Going to a museum	Designing software	
Swimming	Tennis	Watching a movie		
Running	Volleyball	Watching a play		
Biking		Creative writing		
Skateboarding		Reading		
Roller blading				
Sight-seeing				

List any other special interests here:



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Thank you for completing the Hour Friend In Deed Mentoring Application! Please submit this form to the **Program Coordinator, Kellie Phelan** using only **ONE** of the methods below:

1. Email: kphelan@hourchildren.org
2. Postal Mail: **Hour Children HFID Mentoring Program
36-11 12th St. Long Island City, NY 11106**
3. Fax: **(718) 502-8689**

We look forward to receiving your application! 😊