

MENTOR APPLICATION
Armenian General Benevolent Union (AGBU)
GENERATION NEXT MENTORSHIP PROGRAM
(626) 794 – 7942 office

OFFICE USE ONLY
RD:
ID:
IB:

*Please complete and return
via email, fax or US Mail at:*
info@agbugennext.org
(626) 794 – 2622 fax
2495 East Mountain Street
Pasadena, CA 91104

The information in this application will be kept confidential. Note: All Generation Next mentors must be at least 19 years of age.

PERSONAL INFORMATION

Full Name _____
(Last name) (First name) (Middle Initial) (Male/Female)

Current Address _____
(Street address) (Apt. number)

_____ (City) (State) (Zip Code)

Previous Address (if less than 5 years at the current address): _____ From ___/___ to ___/___

_____ (Street address) (Apt. number)

_____ (City) (State) (Zip Code)

Work Telephone (____) - _____ Home Telephone (____) - _____
Fax (____) - _____ Cellular Phone (____) - _____
Work Hours _____ E-mail Address _____

Do you use an instant messenger? If so please provide program and screen name: _____

Date of Birth ___/___/___ Birthplace _____ How long in U.S.A.? _____

Marital Status _____ If married, spouse's name _____

Do you have any children? No Yes If yes, list ages _____

Choose one: I work full-time. I attend school full-time.
 I work and attend school. Please explain _____

QUESTIONNAIRE (If you need more room to write, please use the back of this sheet)

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

2) How did you learn about the Generation Next Mentorship Program? _____

3) Are you willing and able to take your mentee out twice a month on a one-to-one basis and also attend group activities one Sunday a month with your mentee? Yes No

Signature of applicant _____ Date ___/___/___

If you are turning in only page one of this application, please complete the rest and turn it in ASAP.

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Full name of applicant _____
(Last name) (First name) (Middle Initial)

EMPLOYMENT AND EDUCATION INFORMATION (Check all that apply.)

- | | | | |
|-----------------------------------------------|---------------------|-------|---------------|
| <input type="checkbox"/> High School Graduate | | | |
| <input type="checkbox"/> GED | Name of Institution | Major | Degree Earned |
| <input type="checkbox"/> Attending College | _____ | _____ | _____ |
| <input type="checkbox"/> College Graduate | _____ | _____ | _____ |
| <input type="checkbox"/> Post-Graduate | _____ | _____ | _____ |

CURRENT
Occupation _____
Employer _____
Address _____
(Street address)

(City) (State) (Zip Code)

PREVIOUS
Occupation _____
Employer _____
Address _____
(Street address)

(City) (State) (Zip Code)

How long have you been employed with the current company? _____
How long were you employed at your previous workplace? _____

QUESTIONNAIRE CONTINUED

(If you need more room to write, please use the back of this sheet)

4) What 5 adjectives 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 interactions with children, teenagers, or young adults? (Please describe your involvement and the duration of involvement. If you are no longer involved, please indicate the reason for ending your involvement.)

7) Have you ever worked with “at risk” youth? If yes, describe your experience in detail.

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

9) What type of a 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?

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?

17) Since every mentor makes a one year commitment to the program, what would you do if after four months you begin to feel frustrated with your mentee and feel that you would have difficulty continuing as a mentor?

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? Yes No
If so, please describe:

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?

DRIVING AND BACKGROUND CHECK INFORMATION

Full Name of applicant (as it appears on Driver’s License) _____

* Driver’s License # _____ State _____

* Auto Insurance Co. _____ Policy # _____

Social Security # _____

REFERENCES

Please provide 3 references that we may contact prior to approval of your Mentor Application.

PROFESSIONAL REFERENCES

(Such as employer, supervisor, business associate, professor etc.)

1. _____
(First and Last Name) (Title)

(Street address)

(City) (State) (Zip Code)
Telephone (____) - _____ Relationship _____
Best time to call _____

2. _____
(First and Last Name) (Title)

(Street address)

(City) (State) (Zip Code)
Telephone (____) - _____ Relationship _____
Best time to call _____

PERSONAL REFERENCE (excluding relatives and individuals who have known you less than 2 years)

(First and Last Name) (Title)

(Street address)

(City) (State) (Zip Code)
Telephone (____) - _____ Relationship _____
Best time to call _____

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 ____/____/____