



Girls' Lives Matter, Inc. Faith-Based
VOLUNTEER APPLICATION

_____ Verified by ID
_____ Staff Initials _____ Date

Print or type responses:

Full Legal Name _____
First Middle Initial Last

Gender: Female Male Date of Birth: ____/____/____
Mo. Day Year Ethnicity _____

Mailing address _____

City _____ State _____ Zip _____

E-mail _____

Preferred Contact Number Home Phone Cell Phone Work Phone

Phone Numbers Home _____ Work _____ Cell _____

Employer _____ Length of Employment _____

Job Title _____ May we contact you at work? Yes No

Education completed:

High School Other _____

2-year degree in _____ School _____

4-year degree in _____ School _____

Advanced degree(s) in _____ School _____

How was the Program brought to your attention? _____

What motivated you to apply to the Program? _____

Will you be able to meet with the group at least twice a month? Yes No

What are your hobbies, special skills, or other interests? _____

What do you like to do in your leisure? _____

What other affiliations (e.g., service or volunteer organizations) do you have? _____

What do you hope to gain from the mentoring experience? _____

What do you hope your mentee gains from the mentoring experience? _____

Do you have prior mentor experience? Yes No If yes, please explain: (Program Name & Dates)

How many students would you like to mentor? 1 2

Are you willing to do a background check on yourself (at your expense), including fingerprints?
 Yes No

List three people (non family members) who can serve as character references for you.

(1) Name _____ Relationship _____ For _____ years.

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Email: _____

(2) Name _____ Relationship _____ For _____ years.

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Email: _____

(3) Name _____ Relationship _____ For _____ years.

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Email: _____

I certify that the information I have supplied is correct to the best of my knowledge. I grant permission for you to contact the references provided. I also understand and agree to the duties and requirements described in the Volunteer Duties and Requirements.

Signature _____ Date _____

Applications can be mailed to the address below or emailed to girlslivesmatter2015@gmail.com

Girls' Lives Matter, Inc. Faith-Based P. O. Box 331 Somerville, TN 38068
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