



**BROKEN MEN FOUNDATION YOUTH ACADEMY  
MENTOR PROGRAM APPLICATION**

**Personal Information**

Name:

\_\_\_\_\_

First Middle Last

Gender  Male  Female

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Title: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_

**Background Information**

Ethnic Group: (check one)

Caucasian  African American  Hispanic  Asian  American Indian

Other (please specify)

\_\_\_\_\_

Age Category: (check one)  18-30  31-40  41-50  51-60  61+

Are you married?  Yes  No Do you have children?  Yes  No

#sons \_\_\_\_\_ age(s) \_\_\_\_\_ #daughters \_\_\_\_\_ age(s) \_\_\_\_\_

Second Language(s) spoken: \_\_\_\_\_

## Contact Information

Home Address:

---

City, State, Zip:

---

Home Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

E-mail address:

---

## Career/Education Information

Highest education completed (Check all that apply):

- some school, not a high school graduate    GED    high school graduate  
 Associate's degree in \_\_\_\_\_ from \_\_\_\_\_  
 Technical/Vocational certificate in \_\_\_\_\_ from \_\_\_\_\_  
 Bachelor's Degree in \_\_\_\_\_ from \_\_\_\_\_  
 Master's Degree in \_\_\_\_\_ from \_\_\_\_\_  
 Doctorate Degree in \_\_\_\_\_ from \_\_\_\_\_  
 Other \_\_\_\_\_

Are you currently enrolled in any education or training program?  Yes    No

If yes, please specify:

---

## Mentor Information

How would you describe your communication style?

- friendly and outgoing    usually wait to be approached by someone new  
 reserved until I get to know someone

I am interested in becoming a mentor because (check all that apply)

- I think I'd be a positive role model    I like children    I have the time to give  
 I overcame difficulties and would like to help someone else  
 I think I have the personality and abilities to be a good mentor  
 I am interested in making a difference in the life of a child  
 I believe in the value of mentoring    I wish I had a mentor when I was a teenager

Do you have any specific training or experience in dealing with any of the following youth issues:

- drug awareness \_\_\_\_\_
- teen pregnancy \_\_\_\_\_
- teen violence \_\_\_\_\_
- sex/abstinence \_\_\_\_\_
- Other \_\_\_\_\_

List any clubs or organizations of which you are currently a member: \_\_\_\_\_

---

---

Are there any particular problems you would prefer not to handle as a mentor?

---

---

---

Write a brief statement on why you have chosen to participate in the mentor program.

---

---

---

---

---

---

---

Which of the following activities do you enjoy participating in or watching? (check all that apply)

- Sports (specifically, \_\_\_\_\_)
- Outdoor Life
- Mechanics/Science
- Literature
- Collecting
- Pop Culture (Movies, TV, etc.)

Is there anything else you would like us to know about you? If yes, please explain:

---

---

---

The undersigned acknowledges and agrees that 1) he or she is not obligated, if called upon, to perform the volunteer services herein applied for; 2) as part of the BMFYA matching process, additional information may be requested from the applicant and 3) BMFYA reserves the right at all times to terminate any match between any volunteer mentor and student for whatever cause.

I declare that all of the statements made in this application are true, complete and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

As a mentor with BMFYA, I will always act in a behavior that is in the best interest of my student. Accordingly, I pledge to each of the following volunteer policy statements. Please initial your approval next to each statement.

\_\_\_\_ I will adhere to all volunteer policies implemented by BMFYA.

\_\_\_\_ I will notify BMFYA if I must terminate my mentor position for any reason.

\_\_\_\_ I will notify BMFYA if I am unable to attend a previously scheduled meeting/event.

\_\_\_\_ I will not willfully arrange contact with my student off the designated property unless previously agreed to by management.

\_\_\_\_ I will not drive my student in my car.

\_\_\_\_ I understand that BMFYA will terminate my relationship with my student if I violate any of the above policies.

### REFERENCES

Please print COMPLETE name, address and relationship of three people. They must have known you for at least 2 years. Each should be in position to evaluate your qualifications as a mentor. Please do not include family members, current boyfriends, girlfriends, or fiancées as references.

Name	Address	Zip Code	Phone #
1. _____	_____	_____	( ) _____

Relationship _____	Years Known _____
--------------------	-------------------

2. _____	_____	_____	( ) _____
----------	-------	-------	-----------

Relationship _____	Years Known _____
--------------------	-------------------

3. _____	_____	_____	( ) _____
----------	-------	-------	-----------

Relationship _____	Years Known _____
--------------------	-------------------

In making this application to be a volunteer, I understand that the Broken Men Foundation Youth Academy Mentoring Program will require me to provide a recent criminal background check and it's a requirement of all volunteers for the position of mentor for which I am applying. If I fail to provide the requested background check, it may be grounds for rejecting me as a mentor.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

---

Signature

---

Date