**PERSONAL INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (DD/MM):\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Preferred Gender Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Primary Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Speak: ❒ Fluent Write: ❒ Fluent

 ❒ Working Knowledge ❒ Working Knowledge

 ❒ Not well ❒ Not Well

### Secondary Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Speak: ❒ Fluent Write: ❒ Fluent

 ❒ Working Knowledge ❒ Working Knowledge

 ❒ Not well ❒ Not Well

### Other Language(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Speak: ❒ Fluent Write: ❒ Fluent

 ❒ Working Knowledge ❒ Working Knowledge

 ❒ Not well ❒ Not Well

What skill topics can you share with mentees:

|  |  |
| --- | --- |
| **Topic** | **Explain** |
|  |  |
|  |  |
|  |  |

**PERSONAL REFERENCE**

Please list the name, addresses, and phone numbers of one person you would like to use as character references (only people you have known for at least a year).

Any information Project Connect Mentorship Program gathers from this reference will be held as confidential and not released to you, the applicant.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ How long known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION QUESTIONS**

Please answer all of the following questions as completely as possible.

1. Why do you want to be a mentor?

1. Do you have any previous experience volunteering or working with youth? If so, please specify
2. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
3. How would you describe yourself as a person?
4. What sort of involvement do you have in the LGBTQ community? (None is okay!)
5. Have you ever been convicted of a crime? If so, what were the circumstances?

❒ No ❒ Yes

1. Have you ever been convicted of child abuse, neglect, or molestation? If yes, please explain.

❒ No ❒ Yes

1. Are you willing to attend a full day mentor training session, approximately 3 hours? ❒ No ❒ Yes

**APPLICANT STATEMENT:**

I certify that all information I have provided in order to apply as a mentor for Project Connect’s LGBTQ Asian & Pacific Islander Youth Mentorship for Empowerment program is true, complete and correct.

I expressly authorize, without reservation, Project Connect, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding Project Connect, its agents, employees, or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the application process and all other persons, corporations or organizations for furnishing such information about me.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for mentorship.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this application to:

Mail:

APICHA

ATTN: Project Connect

400 Broadway

New York, NY 10013

E-mail:

vbryant@apicha.org

Or Fax:

212-334-7956