



The purpose of this application is to help The GIRLS Group mentoring committee know more about the mentee and her interests. In turn, the information you provide will help The GIRLS Group match the mentee's interests with a mentor.

Please provide thoughtful answers to each of the following questions. Your thorough responses will help us understand your goals and expectations. This application is confidential. It will only be shared with individuals involved in the selection process.

**Personal Information:**

Date \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Relationship to Youth: Mother \_\_\_ Father \_\_\_ Other, specify: \_\_\_\_\_

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

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

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

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear about The GIRLS Group? \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

Age: \_\_\_\_\_

Name of School: \_\_\_\_\_

Grade: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_



## **Application Questions:**

### **Prospective Mentee section:**

What are your personal and educational goals?

What qualities and skills would you like your mentor to possess?

What special skills or interests do you have?

Describe your performance in school, including grades, attendance, homework, etc.

What people do you most admire, and why?

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

What are your favorite subjects in school?

Do you have a church affiliation, if so what is it?

What is your grade point average?



**Please respond to the following questions with your parent/guardian**

Please list any additional information about your child that we should take into account

Why do you want your child to participate in The GIRLS Group mentoring program?

**If I am selected I agree to (Select One):**

\_\_\_\_ Los Angeles

- Participate for the duration of the entire cycle of the program. (6 months)

\_\_\_\_ Las Vegas

- Participate for the duration of the entire cycle of the program. (6 months)

\_\_\_\_ San Diego

- Participate for the duration of the entire cycle of the program. (1 weekend)

I hereby apply to participate in The GIRLS Group Mentoring Program:

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

I support the participation of this individual in The GIRLS Group Mentoring Program: (by signing this application I understand that I am agreeing to allow her to attend all mandatory program activities including workshops, orientations, and meetings with mentor, mentoring retreat, and functions associated with The GIRLS Group Mentoring program.)

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

Please return form to:  
The GIRLS Group Mentoring Program  
6851 Quindio Street  
Las Vegas, NV 89166