



Louisville Youth Group

Mentor Application

Please complete entire application and return to staff member or info@louisvilleyouthgroup.org.

Contact Information

First Name: _____ Middle Name: _____

Last Name: _____

Date of Birth: ___/___/_____ Phone Number: _____ - _____ - _____

Is the above number: Cell [] Home [] Work []

Email Address: _____

Street Address: _____

City, State Zipcode: _____

Demographics

Are you at least 23 years of age? Yes [] No []

What pronouns do you use? _____

Education

Highest Degree Awarded: _____

School: _____

Employment

Current Employer: _____

Current Position: _____

Describe your job duties:

Experience

Please answer the following questions:

1. LGBTQ youth are more likely to engage in high risk behaviors such as drug and alcohol use, sexual promiscuity, dropping out of school, self-inflicted injury, suicide, and running away. Please describe how you would support a youth who came to you as a Mentor dealing with any one (or more) of these risky behaviors.
2. What advice would you give to a youth who is considering coming out to their parents? What if they share that their parents wouldn't be supportive?
3. A straight allied youth asks you how to best support their LGBTQ friend. What advice would you give them?
4. Please share any unique/relevant skills, talent, and life experiences and how you would use those to impact Louisville Youth Group's youth?
5. Why are you interested in serving as an LYG Mentor?

Personal References:

First Reference:

First Name: _____ Last Name: _____

Phone Number: _____ - _____ - _____

Email Address: _____

Street Address: _____

City, State Zipcode: _____

Relation to you: _____

Second Reference:

First Name: _____ Last Name: _____

Phone Number: _____ - _____ - _____

Email Address: _____

Street Address: _____

City, State Zipcode: _____

Relation to you: _____

Third Reference:

First Name: _____ Last Name: _____

Phone Number: _____ - _____ - _____

Email Address: _____

Street Address: _____

City, State Zipcode: _____

Relation to you: _____

Our checks will include personal and professional references, searches of state and national data bases for criminal histories, motor vehicles violations, sexual offender registries, verification of social security number, date of birth, and searches of county or other jurisdictional records for current and previous places of residence. A member of the nominating committee will contact you to obtain your social security number and date of birth, which are necessary to run the background check.

LYG does a background check on all candidates. Do you consent to a background check?

Yes [] No []

Have you ever been charged with, convicted of, or pled guilty to criminal charges (misdemeanor or felony)?

Yes [] No []

Have you ever been convicted or pled no contest to traffic violations?

Yes [] No []

Do you have now pending, or have you ever had sustained, civil or criminal complaints against you for sexual misconduct?

Yes [] No []

Have you ever resigned, or been terminated from, a position for reasons related to sexual misconduct or a criminal investigation?

Yes [] No []

If you answered "YES" to any of the questions in this background check section then please explain.

Are you willing to donate \$30 in order to cover the cost of your background check?

Yes [] No []

If so, how would you like to donate?

Cash [] Check [] Credit Card []

Credit card donations can be made online at louisvilleyouthgroup.org.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name: _____

Signature: _____

Date: _____

Please send this form to a Louisville Youth Group staff member and they will respond with further information.