

Thank you for your interest in our mentoring program!

Personal Information

* Please complete all personal information below.

Name	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Birth Date	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

* How do you prefer to be contacted? (Check all that apply)

- Phone Call
- Email
- Text Message

Do you have children?

- Yes
- No

If yes, please list their age and gender.

* Were you a teen mom?

- Yes
- No

Other (please specify)

Mentors are required to volunteer one hour per week for this program. Please specify the best times you're available to mentor. (i.e 1pm-2pm or after 3pm) *Note: Most students will prefer to meet at school during lunch.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

* We are piloting virtual mentoring when in-person meetings aren't possible. Do you have an iPhone or iPad?

- Yes
- No

If yes, would you be willing to FaceTime with your mentee?

* Please select the top three geographic areas where you would like to be a mentor. Please note that not all cities currently have participating teens, however we will do our best to accommodate your preference.

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="radio"/> Belle Glade | <input type="radio"/> Jupiter | <input type="radio"/> Royal Palm Beach |
| <input type="radio"/> Boca Raton | <input type="radio"/> Lake Worth | <input type="radio"/> Wellington |
| <input type="radio"/> Boynton Beach | <input type="radio"/> Lantana | <input type="radio"/> West Palm Beach |
| <input type="radio"/> Delray Beach | <input type="radio"/> Riviera Beach | <input type="radio"/> Other |

* How did you hear about Healthy Mothers, Healthy Babies and our Caps & Cribs mentoring program?

* Have you applied to be a mentor with Healthy Mothers, Healthy Babies Coalition of Palm Beach County in the past?

- Yes
- No

If yes, when?

* Do you speak any languages other than English?

Yes

No

If yes, please list other languages.

Race (optional)

White

Black

Hispanic

Other

Ethnicity (optional)

White Non-Hispanic

Black Non-Hispanic

Hispanic

Haitian

Other

Employment Information

* Are you currently employed?

Yes

No

Other (please specify)

Current Employer Information

Company Affiliation

Title

Supervisor's Name

Years at Current
Employer

Current Work Address

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Does your company promote volunteer activities?

- Yes
- No

If yes, please explain.

Please indicate below if you're willing to approach your company about any of the following opportunities:

- Mentoring
- In-kind goods/services
- Corporate Sponsorship

Previous Employer (if less than 3 years at current position):

Company

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Years with previous employer:

Please indicate prior volunteer experience. Include Organization, Date Started/Completed, Activity

Education and Training

High School attended:

Secondary School (college, trade school, etc.) attended:

Highest Level of Education Received

Other (please specify)

Year Highest Level Degree was Received:

Other special training:

Questionnaire

Your responses to the following questions will help us determine your eligibility and match you with a mentee.

* Why are you interested in mentoring?

* What would you like your mentee to know about you?

* What would you like your mentee to know about motherhood?

* What qualities, skills or other attributes do you feel you have that would benefit a teen mom?

* What do you think will be most challenging about being a mentor?

* What do you hope to gain from becoming a mentor?

* Please indicate any other volunteer opportunities you may be interested in.

- Basics 4 Baby Emergency Pantry
- Playroom (Child Care)
- Special Events
- I'm not interested in any other volunteer positions.

References

Please list (3) references who you have known for at least one (1) year. One of these references must be your current supervisor, if applicable. Relatives or family members cannot be used as references. Please give contact phone numbers and/or email addresses. References will be contacted by phone and/or email. The information to us by your references will remain strictly confidential.

Please make sure the information provided is current, complete and accurate. A timely response from these references can help expedite the processing of your application. You should let the persons who you have listed below know that they will be hearing from Healthy Mothers, Healthy Babies.

* Reference #1

Name:

Relationship:

Years Known:

Phone Number:

Email Address:

* Reference #2

Name:

Relationship:

Years Known:

Phone Number:

Email Address:

*** Reference #3**

Name:

Relationship:

Years Known:

Phone Number:

Email Address: