



**NAJI FOUNDATION INC.**

TOGETHER WE ASPIRE. TOGETHER WE ACHIEVE

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## **Naji Foundation Inc. Mentor Program Mentor Application**

Date:

**ALL INFORMATION PROVIDED ON THIS FORM IS KEPT PRIVATE AND CONFIDENTIAL.**

We are delighted for your interest in our program with mentoring youth with Naji Foundation Inc. Please complete this in-depth application to help us know you better and match you with an appropriate mentee.

Name:

Address:

City:

Zip:

Contact number:

Email:

Profession/Specialty:

Years of experience in the area:

Emergency Contact:

Please answer the following questions in regards to previous experience in the area of working with youth between the ages of 13-18.

1. What experience do you have working with youth?
2. What experience do you have being a mentor/positive role model for youth?
3. What recreational activities have you done with youth?

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**Naji Foundation, Inc.**

**Email:** [info@najifoundationinc.org](mailto:info@najifoundationinc.org) **Web:** [www.najifoundationinc.org](http://www.najifoundationinc.org) **Phone:** (470) 724-5691

4. What other hobbies/interests do you have?
5. Why are you interest in becoming a mentor for Naji Foundation Inc.?
6. Why do you think you would be a good mentor for Naji Foundation Inc.?
7. Are you comfortable with mentoring youth between the ages of 13 to 18?  
Yes \_\_\_ No \_\_\_
8. Certifications: CPR \_\_\_ First Aid \_\_\_ Life Guard \_\_\_

**Confidential Information**

Naji Foundation Inc. requires this information in order to work with our youth. Thank you for providing a safe environment for our youth.

- A. Do you use illegal drugs or misuse prescription drugs?  
Yes \_\_\_ No \_\_\_
- B. Do you have any criminal history or pending charges?  
Yes \_\_\_ No \_\_\_

If yes please  
explain: \_\_\_\_\_

\_\_\_\_\_

- C. Have you ever been convicted of a felony offense?  
Yes \_\_\_ No \_\_\_

A conviction does not necessarily disqualify you from the program. Give offense, date and jurisdiction: \_\_\_\_\_

- D. Have you ever been charged with child abuse or neglect?  
Yes \_\_\_ No \_\_\_



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E. Other than the above concerns, are there any facts or circumstances involving you or your background that could be questionable in entrusting you with working with Girls Giving Back and our youth?

Yes\_\_ No\_\_

If yes please explain: \_\_\_\_\_

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### References

Please provide a list of at least 3 individuals who can attest to your character, skill and dependability.

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

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