



Girls Empowered through Mentoring Services **(GEMS) Mentor Application Packet**



“During the transition from childhood to adulthood, adolescents establish behavioral patterns and make choices that affect both their current and future health. Their behavioral patterns are influenced at many different levels such as individual, peer, school, community, societal, and family. African American girls who have low levels of parental supervision are more than twice likely to make bad choices than their peers who feel they are closely monitored. Increasing positive adult involvement may be a promising approach in reducing teen issues such as pregnancy, bullying, and peer pressure.”- U.S. Department of Education

What is GEMS? Girls Empowered through Mentoring Services, also known as GEMS, is a mentoring program designed for young girls ages 11-17. By being involved in GEMS, the girls are exposed to opportunities and activities that encourage their physical, social, spiritual, and personal development.

What Activities/Projects are GEMS Participants Involved In? In addition to spending time with a caring mentor, the GEMS attend bi-monthly training sessions and participate in numerous activities. They receive training in a variety of topics such as: HIV/AIDS, Prevention, Peer Pressure, Bullying, Cultural Enrichment, Drug Awareness, Personal Empowerment, etc. The GEMS are also involved in volunteerism projects and educational and social activities at various locations throughout the community.

How Can You Help? Face to Face Enrichment Center is actively recruiting suitable women, ages 21-65, who are interested in forming high-quality mentoring relationships with girls, ages 11-17. The overall responsibilities of all mentors include:

- Successful completion of the application process.
- Conduct in accordance with program policies.
- Committing to a minimum of 1 face-to-face meeting per month (2 hour minimum meeting time) for a period of one-year from the time of the match.
- Completing and submitting all necessary documentation.
- Establishing a positive, personal relationship with mentee.
- Promoting the health and well-being of the mentee.
- Utilizing a nonjudgmental perspective.
- Planning and engaging in activities that the youth participant expresses interest in.
- Helping youth to develop life skills.
- Educating youth about and linking them to community resources.



For Office Use Only:

Date Received:

Received By:

Girls Empowered through Mentoring Services (GEMS)

Mentor Application

Date _____

First Name of Mentor Applicant _____ Last Name _____

Birth Date _____

Social Security Number (needed for background checks) _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Employer _____ Occupation _____

Employer Address _____

City _____ State _____ Zip _____

Employer Phone _____ Supervisor Name _____

Preferred Mentoring Day (Mon-Fri): Choice #1 _____ Choice #2 _____

Best Time of Day to Mentor (check all that apply): Morning Afternoon Evening

Please circle the age preference of the child you wish to mentor.

11 12 13 14 15 16 17 No Preference

Write a brief statement on why you wish to be a mentor in the program:

Describe special interests/hobbies, which may be helpful in matching you with a mentee (e.g., cooking, crafts, career interests, chess, stamp collecting, sports such as baseball or football, computers, arts, needlepoint, speak another language, music, painting):

How did you find out about the GEMS Program?

State the addresses where you have lived for the last five years (begin with the most recent after the current one):

DATES _____ Address _____
City _____ State _____ Zip _____

DATES _____ Address _____
City _____ State _____ Zip _____

Mentor Personal/Employment History and Release Statement

Please provide two **personal references** (other than family members):

1. Name _____ Telephone _____ Relationship _____
Address _____ City _____ State _____ Zip _____

2. Name _____ Telephone _____ Relationship _____
Address _____ City _____ State _____ Zip _____

Employment History

List the last two places of employment with the most recent first:

1. Company _____ Address _____
City _____ State _____ Zip _____
Dates of Employment _____ to _____ Title _____

2. Company _____ Address _____
City _____ State _____ Zip _____
Dates of Employment _____ to _____ Title _____

Please submit your completed Mentor Application
and Mentor Release Statement to:

Face to Face Enrichment Center
Attn: GEMS Mentor Application
2010 S. Burnside Avenue, Suite A
Gonzales, LA 70737

You will be contacted
once your application is
received and reviewed.

Or fax to: 225-644-8609



Girls Empowered through Mentoring Services (GEMS) Mentor Release Statement

I, the undersigned, hereby state that if accepted as a mentor, I agree to abide by the rules and regulations of the GEMS Program. I understand that the program involves spending a minimum of 1 face-to-face meeting per month (2 hour minimum) at the assigned location. Further, I understand that I will attend a training session, keep in regular contact with my mentee, and communicate with staff regularly during this period. I am willing to commit to one year in the program and then will be asked to renew for another year.

I have not been convicted, within the past 10 years, of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or violation involving a state or federally controlled substance. I am not under current indictment.

Further, I hereby fully release, discharge, and hold harmless the GEMS Program, participating organizations, and all the foregoing employees, officers, directors, and coordinators from any and all liability, claims, causes of action, costs and expenses which may be or may at any time hereafter become attributable to my participation in the GEMS Program.

I understand that the Program Staff reserves the right to terminate a mentor from the program. The program takes place within the confines of the program's policies and does not encourage or approve of relationships established between mentor/ mentee and family members beyond the organized and supervised activities of the program. I give permission for program staff to conduct a criminal background check as part of the screening for entrance into the program. This includes verification of personal and employment references as well as a criminal check with the local authorities. Program staff has final right of acceptance of an applicant and agree to the contents of the Release Statement. I certify that all statements in this application are true and accurate.

Printed Name of Applicant

Signature of Applicant

Date