



930 Interchange Dr. Holland MI 49423 | (616) 836-7949

Mentor Application

Please scan and email your completed application (pages 2-5) to michaelw@grantmehope.org or mail to:

Grant Me Hope
Att: Michael Wilkinson
930 Interchange Dr.
Holland, MI 49423

What are Grant Me Hope Homes?

Our homes provide housing, mentoring, educational guidance, discipleship, and life skills training within a Christian environment for foster children who have aged-out of the foster care system. We serve those seeking a successful transition to adulthood.

Our homes are for young men and women who:

- have aged out of foster care
- are seeking an affordable and safe place to live
- are motivated to set goals and work with adult mentors to help achieve their goals
- are interested in living in a family type home

At Grant Me Hope, we believe success includes:

- Obtaining a driver's license
- Gaining steady employment
- Positive interpersonal relationships
- Practicing financial stewardship
- Being active in community service
- Educational assistance
- Being equipped with a life plan
- Stable, independent living
- Exploring a relationship with God
- A home to come back to for support and friendship

Mentor Application



Date _____

Full Name _____

Birthdate ____/____/____ Phone ____-____-____

Email Address: _____

Address _____

City/State _____ Zip _____

Briefly describe your personal faith:

What church do you attend? _____ Pastor's Name: _____

Church address: _____ Church Phone: _____

How long have you been attending? _____

May we contact your Pastor? Yes No

Are you comfortable praying with and sharing your faith with our program participants? Yes No

Describe any previous experience working directly with youth or young adults:

Describe any previous experience with foster care or youth in transition:

Describe any previous experience working with people who've experienced trauma:

What qualities, skills, or attributes do you feel you have that would benefit the young adults in the Grant Me Hope program?

How would you like to be involved with Grant Me Hope? (check all that apply)

- Being a 1:1 mentor
- Providing respite to house parents
- Leading Bible study
- Inviting residents to participate in family / community events with you
- Teaching a specific class or skill

If you are interested in mentoring, are you able to commit to 2 hours each week? Yes No

What is your weekly availability? (days, times, etc.)

The aged-out foster youth in our homes could be in the program for anywhere from 9 months to 3 years or more. Much of that depends on the level of help they need. One of our goals is to have our residents experience (many, for the first time) what it means to have a stable, healthy, and positive relationship with an adult they can count on. Ideally, we would want our mentors to commit to meeting with the resident for the full duration of their time in the program. However, we understand that this is a lot to ask. For that reason, we are asking our mentors to commit to 1 year.

Are you willing to commit to a mentoring relationship for a minimum of 1 year? Yes No

When the resident you are mentoring leaves the program and moves into independent living, are you willing to maintain some level of contact with them if they should need an adult they can count on for friendship and advice? Yes No

Are you willing to transport residents? Yes No

If yes, please answer the following:

- Do you have your own reliable transportation? Yes No
- Do you have a valid driver's license? Yes No
- Is your vehicle insured? Yes No
- Have you had any moving citations in the last 2 years? Yes No

If yes, please explain: _____

What is the highest level of education you have completed? (Circle highest level completed)

High School: 9 10 11 12 Diploma GED

College Degree: Associate's Bachelor's Master's Doctorate

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, please describe the reason you were convicted: _____

Have you ever been arrested? Yes No

If yes, please explain: _____

References:

Please list the names and contact information of three references, not related to you, that we may contact regarding your personal character and ability to work with the residents in our program.

	#1	#2	#3
Name			
Relationship			
Phone #			
Email			
How long has he/she known you?			



Authorization for Background Check

Please Print Full Name: _____

All other names that have been used (ex: Maiden Name): _____

Social Security Number: _____

Driver's License Number: _____

Current Address w/City/State/Zip: _____

Previous Address w/City/State/Zip: _____

Date of Birth: _____

I authorize Grant Me Hope to solicit background information relative to my criminal record history. I understand that Grant Me Hope may make inquiries into my background that may include motor vehicle records, personal references, criminal records, and any other public record reports pertaining to me. I authorize, without any reservation, any person, agency, or other entity contacted by Grant Me Hope, or their agent, for purposes of obtaining background report information to furnish the above-mentioned information.

I release Grant Me Hope, their respective employees, or agents, and employees of their agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information. I am aware that the background check screening report may include information obtained from a variety of sources, including but not limited to government agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to Grant Me Hope within a reasonable time after I execute this authorization.

By submitting this application: I understand that if the background check identifies a pending adjudication or conviction, or if as an adult or a juvenile, have been convicted, adjudicated or placed on term of probation or parole for any felony-level crime or offense for any proscribed offense(s), position approval may be withheld or revoked. I acknowledge that I have read the foregoing release, understand it and agree to the terms and conditions therein. I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

Signature: _____ Date: _____