



# Good Hope Baptist Church Rites of Passage Mentor Application

Upon completion of this application, please return it to the Program Coordinator at **Good Hope Baptist Church, 4209 S Smithfield Rd, P.O. Box 441, Knightdale, NC 27545**. Thank you for your interest in Good Hope Rites of Passage Program.

(Please print)

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Birth Date \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business: Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Fax \_\_\_\_\_

Write a brief statement on why you wish to be a mentor in the Good Hope Baptist Church Rites of Passage Program. Please describe special interests/hobbies.

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

DATES \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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):

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Employment History

List your last three 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 \_\_\_\_\_

3. Company \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_

## **Good Hope Baptist Church Rites of Passage Program Mentor Release Statement**

I, \_\_\_\_\_, hereby state that if accepted as a mentor, I agree to abide by the rules and regulations of the Good Hope Baptist Church Rites of Passage Program. I understand that I will attend a monthly training session, keep in regular contact with my initiate, and communicate with staff regularly during this period. I am willing to commit to nine months in the program. 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 a violation involving a state or federally controlled substance. I am not under current indictment. Further, I hereby fully release, discharge, and hold harmless the Good Hope Baptist Church Rites of Passage Program, Good Hope Baptist Church, and all of 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 Good Hope Baptist Church Rites of Passage Program. I understand that the Good Hope Baptist Church Rites of Passage 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/ Initiate 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 into the program and reserves the right to terminate a mentor from the program at any time. I have read the above Release Statement and agree to the contents. I certify that all statements in this application are true and accurate.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_