



**4GIRLS Workshop**  
**March 21, 2020 • 8:00am-4:00pm**  
**March 22, 2020 • 10:00am-4:00pm**  
**MENTOR TRAINING: March 7, 8:30 am - 12:30 pm**

**Location of Workshop and Training:**  
Keith D. Browning High School  
2180 Obispo Avenue, Long Beach, CA 90804

**Application Due: February 21, 2020**

## **I WANT TO INSPIRE! Mentor Application**

### **Mentor Information**

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Tell Us About Yourself**

1. How did you hear about 4GIRLS?

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2. Why do you want to be a 4GIRLS Mentor?

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3. Tell us about any past experience you have that would qualify you to be a Mentor? If you are a returning mentor; what knowledge did you gain from the past workshop?

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3. If you were to describe yourself in one word, what would it be and why?

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**MENTOR REQUIREMENTS**

All 4GIRLS Mentors are required to attend **both days of the workshop, March 21 and 22,** as well as a **mandatory training** on **Saturday, March 7 from 8:30am - 12:30pm.**

All mentors must have a current Live Scan on file with 4GIRLS. 4GIRLS Organization works with minors (children under 18 years of age) and our insurance carrier requires that all volunteers working directly with minors have a Live Scan report. For those of you not familiar with Live Scan, it is a digitally scanned fingerprint service. Visit this site: [https://oag.ca.gov/sites/all/files/agweb/pdfs/fingerprints/forms/bcia\\_8016RR.pdf](https://oag.ca.gov/sites/all/files/agweb/pdfs/fingerprints/forms/bcia_8016RR.pdf) or more information including locations and cost. Please submit your receipt if you would like to be reimbursed by 4GIRLS Org. When you receive the report, please make a copy (keep the original for future reference) and give to Cathy Fields, Mentor Manager (562-547-7921).

4GIRLS Organization does not discriminate on the basis of race, creed, ethnic or national origin, religion, disability or sexual orientation.

I certify that the information provided in this application is accurate. I understand that my signature on this application enables 4GIRLS Organization to verify any information provided as deemed necessary to the administration of this application for the 4GIRLS Mentor Program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

THANK YOU very much for your interest in 4GIRLS!

**PLEASE RETURN COMPLETED APPLICATION BY Feb 21st TO:**

4GIRLS Organization  
PO Box 41452  
Long Beach, CA 90853

or Cathy Fields at [fieldcat@verizon.net](mailto:fieldcat@verizon.net)