

**Hispanic Black Gay Collation**

**LGBTQ Mentorship Program**

**2015 Mentee Application**

Hispanic Black Gay Coalition (HBGC) appreciates your participation in our mentorship program. The mentorship program is designed to help youth develop a positive LGBTQ identity while successfully adapting to academic or professional life. LBGTQ mentors aim to support students in a safe, caring, one-on-one relationship while they work on their personal, social, academic, career, and life goals.

The outcomes of this program greatly depend on your commitment to it. Please be sure you are able to meet the minimum requirements, including one mentor/mentee meeting per month for at least six months, before you consider applying.   
  
Please take the time to answer the following questions and we will get back to you regarding the matching process. **Please submit your application by January 16, 2015.**

Email this form back to [mentorship@hbgc-boston.org](mailto:mentorship@hbgc-boston.org), fax to HBGC Boston at 617-442-6622, or mail/drop off at 485 Columbus Ave Boston, MA 02118. If you have any questions about this application or program, please email [mentorship@hbgc-boston.org](mailto:mentorship@hbgc-boston.org).

**Your Preferred Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email (if safe to email):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number (if safe to call):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sexual Orientation/Identity:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Gender Pronoun (ex. she/her/hers):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle your current school/academic status:

* Middle school student
* High school student
* College student
* Currently not in school

1. How did you hear about HBGC’s LBGT mentorship program?

2. What is your involvement, if any, with the LBGT community in your area?

3. What do you hope to get out of this program? And how can your mentor be effective in helping you achieve this goal?

**4. What are three personal and/or academic goals you hope to accomplish within this year?**

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5. What are your interests and hobbies? Please be as specific as possible (i.e. basketball, writing poetry, playing the violin)

6. What characteristics are you looking for in a mentor?

7. In what areas would you need the most support from your mentor? (Rank or Circle all that applies)

* Spiritual support
* Leadership development
* Emotional support
* Health navigation
* Coming out support
* Academic/school support
* Career support
* Pastime buddy (sports, arts, music …etc)

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. On a scale of 1 to 10, how comfortable do you feel with expressing your sexual orientation and/or gender identity. (1 being least comfortable)

1

2

3

4

5

6

7

8

9

10

*Uncomfortable Very comfortable*

9. On a scale of 1 to 10, how satisfied are you with your current academic or work situation? (1 being least satisfied)

1

2

3

4

5

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9

10

*Completely Unsatisfied Very satisfied*

10. On a scale of 1 to 10, how would you describe your overall emotional well-being?

1

2

3

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10

*Not okay Okay Great!*

I declare that all the Information contained within this form is true and accurate. My signature below represents an acceptance of my commitment to participate in HBGC's LBGTQ Mentorship program.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_