



Divine Beginnings International

Rebuilding Families Changing Lives

Volunteer Mentor Application Form

“Restoring Identity. Rebuilding Lives. Empowering Women.”

SECTION 1: Personal Information

Full Name: _____ Date of Birth: _____ dd/mm/yyyy

Phone Number: _____ Email Address: _____

Home Address: _____ City/Province/Postal Code: _____

Preferred Method of Contact:

Phone Email Text

SECTION 2: Background & Experience

1. What is your current occupation? _____

2. Do you have previous mentoring, counseling, or coaching experience? Yes No

If yes, please describe:

3. Do you have experience working with vulnerable populations (e.g., women recovering from abuse, trauma, or homelessness)? Yes No

If yes, please explain:

4. Please list any relevant education, certifications, or training:

SECTION 3: Motivation & Calling

1. Why are you interested in becoming a mentor with DBI?
2. What personal experiences (if any) have shaped your desire to help others?
3. What strengths would you bring to this role?

SECTION 4: Skills & Areas of Support

Please check all areas you feel equipped to support:

- Self-worth / Identity building
- Healing from rejection
- Emotional support
- Life skills coaching
- Parenting support
- Goal setting / Accountability
- Spiritual guidance / Prayer
- Crisis support (non-clinical)
- Other: _____

SECTION 5: Communication & Boundaries

1. How would you handle a mentee who is emotionally overwhelmed?
2. What does maintaining healthy boundaries mean to you?
3. How do you respond to individuals from diverse backgrounds and experiences?

SECTION 6: Availability & Commitment

1. Are you able to commit to regular mentorship sessions? Yes No
2. Preferred frequency: Weekly Bi-weekly Monthly
3. Days/Times Available:
4. Length of commitment you can offer: 3 months 6 months 1 year Ongoing

SECTION 7: Faith & Values Alignment

1. Are you comfortable working in a faith-based environment? Yes No
2. Are you open to incorporating prayer or faith-based encouragement (when appropriate)? Yes No
3. Briefly describe your personal values or beliefs:

SECTION 8: References

Please provide two references:

Reference 1:

Name: _____

Relationship: _____

Phone/Email: _____

Reference 2:

Name: _____

Relationship: _____

Phone/Email: _____

SECTION 9: Consent & Agreement

I understand that as a mentor with DBI, I am committing to providing support in a respectful, compassionate, and responsible manner. I agree to uphold confidentiality, maintain appropriate boundaries, and operate within the scope of mentorship (not clinical counseling unless qualified).

I understand that a background check may be required.

Signature: _____

Date: _____

For Office Use Only

Date Received: _____

Interview Completed: _____

Approved: Yes No

Assigned Mentee: _____

After Completion

Download form and email it to: divinebeginningsintl@outlook.com
Thank you for your interest.