



## MENTOR APPLICATION FORM

Please complete this form with as much detail as possible so that the most appropriate match can be made.

**Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Male / Female**

**Address** \_\_\_\_\_

**Phone (Home)** \_\_\_\_\_

**Phone (Work)** \_\_\_\_\_

**Email** \_\_\_\_\_

I identify as **ABORIGINAL** or **TORRES STRAIT ISLANDER** (please circle)

I WAS BORN IN A NON-ENGLISH SPEAKING COUNTRY YES / NO  
If yes, please name country

THE LANGUAGE MAINLY SPOKEN AT HOME IS

I HAVE A DISABILITY YES / NO  
If yes, please state

I AM EMPLOYED / UNEMPLOYED / STUDYING / RETIRED / HOME DUTIES (please circle)

OCCUPATION

COMPANY/SITE

OTHER OCCUPANTS IN MY HOME ARE

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I WOULD LIKE TO BE MATCHED WITH A YOUNG PERSON WHO  
(give examples of desirable qualities/personality/character)

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MY HOBBIES AND INTERESTS ARE

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MY HOPE IS THAT THE RELATIONSHIP ACHIEVES

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I BELIEVE THAT I CAN OFFER THE FOLLOWING SUPPORT TO A YOUNG PERSON

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I AM PREPARED TO DEVOTE \_\_\_\_\_ TO THE MENTEE I  
MENTOR

*(Please Note: this refers to time and the expectation is between 1-3 hours per week)*

MY USUAL MODE OF TRANSPORT IS (e.g. own vehicle, bus)

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I HEARD ABOUT THIS PROGRAM

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**Please supply details of two referees (character, professional or business)**

**1.**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

**2.**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

**I understand that this is a voluntary role and as such no financial support can be given. I also understand that I will not pay for the mentee's contribution to any activities.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

The information collected on this form is used to:

- assess your eligibility as a volunteer mentor for the Mentoring Youth for Resilience Program
- match you with a young person to mentor.

The matching process will include the Mentor Coordinator providing your details to the mentee with your description and **information** about your interests will be shared.

With your consent information may also be used for the purpose of evaluating the program. The information collected on this form will be secured in a filing cabinet at (organisation's name) premise.

Information collected on this form will be used by the Mentor Coordinator for the purposes of matching you with a young person. This information will not be disclosed to any other party without your consent, unless authorised or required by law. For further information on our privacy policy please contact the Mentor Coordinator.

## Mentor Eligibility Checklist

- Reside in the Gympie Region.
- Be willing and able to adhere to all program policies, procedures and requirements.
- Qualify for a Blue Card through a Working With Children Check
- Agree to commitment for the duration of the program as specified
- Commit to spending a minimum of 1 to 2 hours a week with the mentee for the duration of the program
  
- Be willing to positively contribute to open communications with the mentee
- Complete the screening procedure
- Agree to attend mentor training as required
- Be willing to communicate regularly with the Mentor Coordinator and submit monthly meeting and activity information.
  
- Have a clean criminal history
- Have never been accused, arrested, charged, or convicted of child abuse activity/ies.
  
- Not be a user of illicit drugs
- Not use alcohol or controlled substances in an excessive or inappropriate manner.
  
- Not be currently in treatment for substance abuse. If a substance abuse problem has occurred in the past the applicant must have completed a non-addictive period of at least five years.
  
- Not currently be under treatment for a mental illness or have been hospitalised for a mental illness in the past three years.
  
- Not have falsified information during the course of the screening process.

**Signature**

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**Date**

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