



Office use only. V5 2-17

Info session: _____

Application received: / /

Region:

Entered on database: / /

Emailed:.....

Volunteer Mentor Application Form

(Please tick your preference indicating how you would like to be involved)

One-to-One Mentoring program

Provide mentoring and friendship to a young person aged between 7-20 years. Mentors commit to spending quality time with a young person; a minimum of **one hour 3- 4 times per month** for a minimum of **12 months**.

Group Mentoring - Mentoring In the Hood

MITH programs are structured group mentoring classes, designed for young men and women, aged 12-17 years. The types of classes run are based on the interest of participants and/or the skill-set of volunteers. Mentors commit to spending quality time with a group of young people with a minimum group consisting of 2 volunteers and 6 young people. The time commitment is about **1-2 hours per week** for a minimum of **12 months**, usually during school term time.

How did you find out about TRY Mentoring?

Personal Information

Full name:

Date of Birth: Gender:

Home Address:.....

.....

Length of time at current residence:

Phone: (Hm)..... (Mob).....

Email:

If you have been living at your current address for less than one year, please note your previous address:

.....

Length of time at this address:.....

Have you resided in an overseas country for a period of 12 months or longer during the past 10 years? **If yes**, please specify dates and country, as an International Police Check maybe required.

.....

.....

Are you of Aboriginal and/or Torres Strait Islander decent? **Yes / No**

Nationality/Cultural/Religious background.....

Languages spoken in the home.....

What is your official citizenship and residence status?

.....

Building 2, 1st Floor, 88 Ricketts Road, MOUNT WAVERLEY, Victoria 3149
 P: (03) 8545 9504, F: (03) 8545 9599, E: mentoring@try.org.au W: www.try.org.au

TRY delivers a brighter future through learning and community programmes . . . for those who TRY!

Emergency contact: Name:.....

Relationship: Contact No:.....

What is your current relationship status?.....

Do you have any children? **Yes / No** Number of children:

Ages of boys:

Ages of girls:

Volunteers are often required to collect and return a young person to their place of residence.

Do you have a current Driver's Licence? **Yes / No**

Driver's Licence Number..... Expiry Date:

Do you own or have access to a registered and roadworthy vehicle? **Yes / No**

If you answer No to either of these, it does not preclude you from applying to be a mentor, but helps us match you to a mentee based on your location.

Employment History

Occupation:

Name of Employer:.....

Length of time with current employer:

Work Address:.....

.....

Can we contact you at work? **Yes / No**

Telephone (Wk):.....

Would you be available for interviews during business hours? **Yes / No**

**NB our latest appointment for an interview would be 6pm, Monday - Friday*

Please list previous employment (including positions held, name of employers and dates):

Application Questions

Are you able to meet the minimum commitment of one hour 3-4 times per month for 12 months? **Yes / No**

Are you anticipating any changes to your circumstances in the next year that may impact upon your match (e.g. marriage, moving residence, employment, children etc.)? **Yes / No**

If selected, do you agree to maintain regular contact with staff for support and supervision? **Yes / No**

Do you have any health conditions or disability which may impact upon your involvement in the program?

Yes / No If yes, please specify:.....

.....

Please answer all of the following questions as completely as possible.

Why do you want to become a Volunteer Mentor?

What do you hope your friendship with a young person will achieve?

How would you describe yourself as a person?

How would your friends, family and co-workers describe you?

Please specify any previous experience volunteering or working with youth.

Please list some of your hobbies and interests which may be of interest to a young person or that would suit a Group Mentoring environment:

Is there anything else that TRY Mentoring should know about you that would help us with assessing your application?

Have you been charged or convicted of any offence*; received a finding of guilt (either with or without conviction), good behaviour bond or other court order; and/or have any matters awaiting court hearing or current investigation? **Yes** / **No** . **If yes**, please specify:

.....

NB. You are under no obligation to provide details of spent convictions unless they relate to 'designated offences', which must be disclosed. 'Designated offences' are any sexual offences and any offences against the person if the victim of the offence was under 18 at the time the offence was committed. You should disclose any such offences.

Do you consent to undertaking the screening process, including a National Criminal Record Check (NCRC), a Working with Children Check (WWCC), psychological personality profiling and attending training?

Yes / No

NB. If you choose not to consent to undertaking the screening process in its entirety, TRY Mentoring cannot consider your application.

Would you like to be placed on a mailing list to receive the quarterly TRY Mentoring Newsletter and other relevant information from TRY by email? **Yes / No**

Privacy Notice & Authorisation for Release of Personal Information

All personal information will be collected and handled by TRY Mentoring in accordance with our Privacy Policy. If you have not been provided with a copy of this policy, please ask for one.

The personal information (including sensitive and health information) that is collected by TRY Mentoring is necessary to assist in assessing suitability, establishing good matches, promoting safety and protecting the longevity of matches.

Information Release

I _____, understand it will be necessary for TRY Mentoring to conduct a background check regarding my criminal history, personal references and employment.

I authorise TRY Mentoring to obtain any needed information regarding legal/criminal history, character references, and employment from any state or federal department, my employer and personal references for the purposes of participating in a mentoring program. Further, I provide permission for TRY Mentoring to conduct the same investigation of my background in previous states or countries in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee and his/her parent /guardian to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

Authorisation

Please initial each of the following:

_____ I agree to follow all mentoring program, guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that TRY Mentoring is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor. If my application is unsuccessful, TRY Mentoring will securely dispose of all personal and sensitive information relating to my application within 30 days.

_____ I acknowledge that if my application is successful, TRY Mentoring will retain my personal information for the duration of my engagement as a volunteer and for the life of the file, which may be up to 25 years

_____ (optional) I agree to allow TRY Mentoring to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

By signing below I attest to the truthfulness of all information listed on this application and agree to the above terms and conditions.

Signature of applicant:.....

Date:..../...../.....