

Mentor Application Form



Part 1. Personal Information

Name _____

Email _____

Suburb _____ State _____

Contact No. _____ Date of Birth _____ Gender _____

How did you hear about us?

- Website
- Social Media
- Word of Mouth
- University group _____
- Other _____

Part 2. Interests

Please tick all activities you are interested in.

- Cycling
- Science
- Movies
- Acting
- Camping
- Art
- Shopping
- Singing
- Cooking
- Travel
- Fishing
- Dancing
- Reading
- Music
- Computers
- Gardening
- Hiking
- Cars
- Pets
- Yoga

Sports _____

Hobbies/Interests _____

Part 3. Personal References

Please list three people, at least one being a professional colleague, as character references (people you have known for at least a year).

Name	Email Address	Contact No.	Relationship to You

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About You

Give a brief description of yourself.

Do you have any previous experience volunteering or working with young people?
Please specify.

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What jobs, experiences, qualities, skills, or other attributes do you feel you have that would specifically benefit a young person? Please explain.

What is your chosen profession and why have you chosen this?

What areas of mentoring may you require assistance in?

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Part 5. History

Have you:

- Ever received treatment for problematic alcohol or substance abuse?
- Been treated or hospitalised for a mental health condition that may affect your ability to act as a mentor?
- Ever had any criminal convictions?

If yes, please explain. _____

- Can you commit to the Wheatbelt & Beyond Youth Mentoring Program for a minimum of one year from the time you are matched with a mentee?
- Are you available to have email contact with a mentee at least once per week?
- Can you commit to completing an online training course?
- Are you willing to obtain a National Criminal History Check and Working with Children's Check if your application is approved?

NB: Anyone who has committed a Class 1 or Class 2 offence will be ineligible to be a member of WBYM

Part 6. Terms and Conditions

- I agree to following all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.
- I understand that Wheatbelt & Beyond Youth Mentoring is not obliged to provide a reason for their decision in accepting or rejecting me as a mentor.
- I understand I must return all of the following completed items:
 - Current WA Working with Children's Check
 - Nationally Accredited Criminal History Check (current within 12 months of issue date)

NB: Applicants are obliged to inform WBYM of any criminal charges since their NACHC was issued (provide details to the contact below. Details will remain confidential).
- I agree to the Terms and Conditions of the program and declare that the information in this application is true and correct.
- I hereby authorise Wheatbelt & Beyond Youth Mentoring to use my photo and/or information related to my experience with the Wheatbelt & Beyond Youth Mentoring program. I understand that this information may be used in publications, including electronic publications, social media, audio visual presentations, promotional literature, advertising, community presentations, letters to area legislators and media and/or other similar ways.

Signature

Date

Mentor Health Form



STRICTLY CONFIDENTIAL

As we have face to face activities and events with our mentors, it is important that we have a detailed medical history in case of emergencies. This information will be kept strictly confidential and should be updated immediately if details change, particularly before travelling to the local community you are allocated to.

Name _____ DOB _____

Dietary Requirements

If 'yes' please list _____

Emergency Contact

Name _____ Relationship _____

Contact no. _____ Alternative contact no. _____

Name of Doctor _____ Contact no. _____

Medical Details

Are you subject to seizures, asthma, fainting, diabetes, epilepsy, or any other condition that may affect your safety during activities?

If 'yes' please give details _____

Allergies

Are you allergic to:

Penicillin? _____ Any other drug? _____ Details: _____

Other allergies _____

Date of last tetanus vaccination _____

Medications

Are you currently on any medication we should be aware of?

If 'Yes', please state the name and dosage:

Signature

Date