

Applicant's Name: _____

Position Held: _____

Employer: _____ **Phone:** _____

Address: _____

Supervisor's Name: _____ **Title:** _____

Dates of Employment: _____ to _____
(m/year)

Position Held: _____

Position Held: _____

Employer: _____ **Phone:** _____

Address: _____

Supervisor's Name: _____ **Title:** _____

Dates of Employment: _____ to _____
(m/year)

Position Held: _____

Position Held: _____

Employer: _____ **Phone:** _____

Address: _____

Supervisor's Name: _____ **Title:** _____

Dates of Employment: _____ to _____
(m/year)

Position Held: _____

Applicant's Name: _____

APPLICATION QUESTIONS

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor? _____

2. Do you have any previous experience volunteering or working with youth? If so, please specify: _____

3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain: _____

4. Can you commit to participating in the Mentorship aspect of a programme for youths for a minimum of one (1) year from the time you are matched?

5. Are you available to meet with a youth at least up to eight (8) hours per month and have contact at least once per week? Please explain any particular scheduling issues.

6. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain: _____

Applicant's Name: _____

7. How would you describe yourself as a person? _____

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

9. Do you drink alcoholic beverages? If so, what and how often?

10. Do you use tobacco products? If so, what and how often?

11. Have you ever had challenges with substance abuse? If yes, please explain:

12. Do you have any known mental disorders? If yes, please state.

13. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.

Applicant's Name: _____

14. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.

15. Are you willing to communicate regularly and openly with programme staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring programme?

16. Are you willing to attend an initial mentor training session and two in service training sessions per year after being matched?

Applicant's Name: _____

PLEASE READ THIS CAREFULLY BEFORE SIGNING:

The Department of Gender Affairs appreciates your interest in becoming a mentor.

Please initial each of the following:

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

_____ I understand that the Department is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

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

I understand I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license and proof of auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form
- Criminal Record

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

Signature: _____

Date: _____

Please return or mail this application and the items listed above to:

Ms. Kasandra Bedford
Department of Gender Affairs
Victoria Road