

MENTOR APPLICATION (1 to 1 and GROUP)

CONTACT INFORMATION:		
First Name:	Middle Name:	Last Name:
Address: (Including postal code)		
Primary E-mail Address:		Secondary E-mail Address:
Primary Phone#: Phone Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Secondary Phone#: Phone Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work
Preferred method of ongoing contact: <input type="checkbox"/> E-mail <input type="checkbox"/> Phone <input type="checkbox"/> Text		
EMERGENCY CONTACT AND HEALTH CONSIDERATIONS:		
Emergency Contact Name:		Relationship:
Primary Phone#:		Secondary Phone#:
Do you have any health concerns that could affect your role as a mentor?		
ADDITIONAL INFORMATION:		
Date of Birth:		Place of Birth:
Gender:		
How did you hear about volunteering opportunities at Hull Services, (e.g., google search, Hull employee, social media, etc.):		
Please list names of anyone you presently know who works or volunteers for Hull Services:		
Why are you interested in volunteering with Hull Services? What are you hoping to gain from your experience?		
What do you hope to contribute? What skills and/or experience would you like to share?		
How would you describe your personality and how others relate to you?		

EDUCATION:

Education Completed (e.g., Bachelor of Arts - Psychology, Certification in HR Management, etc.):

If presently attending school, please indicate school name and course of study:

If you are a student, is volunteering a course requirement? Yes No

Comments:

LANGUAGE AND PROFICIENCY (beginner, intermediate, advanced, proficient):

Language:

Level of Proficiency:

Language:

Level of Proficiency:

Language:

Level of Proficiency:

INTEREST AND HOBBIES:

Please list your interests and hobbies and the names of the organizations of which you are a member:

EMPLOYMENT AND EXPERIENCE:

Present Employer:

Position:

Address of Employer:

Do they have an Employer Supported Volunteer Initiative? Yes No

Comments:

Have you ever worked or volunteered with children or young people?

If yes, when, where and in what capacity?

Do you have any previous formal tutoring, coaching or mentoring experience?

If yes, when, where and in what capacity?

Rate your knowledge and understanding of mental health/behavioural challenges:

Limited Intermediate Advanced

Comments:

How would you handle a youth acting out?

How would you positively encourage a youth?

PREFERENCES:

Describe the kind of youth you would prefer to be matched with (taking into consideration their personality, cultural background, family values, and interests):

Preferred Age Range:	Role Preferred: <input type="checkbox"/> One to One Mentor <input type="checkbox"/> Group Mentor Comments:
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AVAILABILITY:

How long do you see yourself committing to a volunteering role?:

Days preferred (e.g., Monday, Tuesday):	Times preferred:
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DRIVING INFORMATION:

Do you have a valid Driver's Licence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own a car and/or have access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If required by the program, would you be willing to transport individuals with your vehicle?
 Yes No
Comments:

REFERENCES (OTHER THAN RELATIVES):

Name:		Relationship:	
Phone: (primary)	Phone: (secondary)	E-mail Address:	
Name:		Relationship:	
Phone: (primary)	Phone: (secondary)	E-mail Address:	
Name:		Relationship:	
Phone: (primary)	Phone: (secondary)	E-mail Address:	

CRIMINAL HISTORY:

Please list any criminal offences for which you have not received a pardon and any involvement you have had with the Children's Services:

Name (print)

Signature

Date



REFERENCE CONSENT STATEMENT

I _____ give Hull Services permission to speak to the contacts I have provided for the purpose of conducting references. I understand that the information collected will be used in the volunteer recruitment and selection process and will not be shared with anyone outside of the Human Resources Department, Executive Management, and the program for which I have interviewed for.

Name of Applicant (print)

Signature of Applicant

Date _____

Name of Witness (print)

Signature of Witness

Date _____