



MENTOR APPLICATION FORM

Thank you for your interest in the I.N.S.P.I.R.E Mentoring Program. Please complete this form and return it to a Shire Wide staff member.

Name: _____

Contact Phone (H): _____

Contact Phone (Mob): _____

Address: _____

E-mail address: _____

Date of Birth: _____

How did you hear about the Mentoring Project? _____

(for example newspaper, email, agency)

Why do you want to participate in the Mentor Program?

Please indicate your experience of working with young people and what skills you would bring to the program? (eg previous/current employment, own children - attach resume if available):

Qualifications:

Please provide the contact details of two referees:

Name: _____ Ph: _____

Name: _____ Ph: _____

Do you agree to complete a Working with Children check?

Yes

No

Do you agree to complete a Police check?

Yes

No

When are you available for the training course?

Mornings	Afternoons	Nights	Weekends
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