



FOR OFFICE USE ONLY

Date Received: _____

Date of Interview: _____

Mentor Application

Thank you for your interest in becoming a mentor. A mentor is a volunteer who builds a relationship with youth and acts as a positive role model, confidant, advocate, supportive coach and friend. The Voices of Youth in Community Program is a leadership program for youth starting in high school up to the age of 24. An important part of the program is the support youth receive from volunteer mentors individually and in group settings.

Mentor volunteers must be at least 25 years of age to apply. The Voices of Youth Program starts in September 2012. We ask that our mentor volunteers commit for a period of eight months or up until May 31, 2013.

Mentor Program Goals

- Help youth develop leadership skills
- Provide support and guidance to youth
- Help youth develop short-term and long term goals
- Help youth become involved in the community and develop social awareness

The application process for becoming a mentor consists of:

1. Submitting your mentor application
2. Receiving an invitation to participate in an interview
3. Turning in a mandatory police clearance at the interview
4. Receiving an invitation to participate in the mentor training program
5. Receiving notification when the agency has found a youth determined to be a good match. Mentor meetings are once a month at the community location of your choice – Harrow Youth Centre, Kingsville Youth & Family Resource Network office or the Leamington Recreation Complex.

Please return your completed mentor applications to:

Attention: Wanda Rodrigues
Youth & Family Resource Network
23 Mill St. W
Kingsville, ON
N9Y 1W1

Or fax to (519) 733-2642

Or email to wrodrigues@resourcenetwork.ca



Please print or type. It is important that all questions are answered completely
All information is completely confidential and used for agency purposes only.

PERSONAL DATA

Full Name _____ Date of Birth _____

Address: _____ Apt#: _____ City: _____

Province: _____ PC _____ Home phone: _____

Cell phone: _____ Work phone: _____ Email: _____

Marital status: _____ Do you have any children? _____

If yes, how old are they? _____

How did you here about the Mentor Program? _____

COMMUNITY LOCATION: Please select the community that you would like to participate as a mentor. Please check all that apply:

- Monday, Harrow Tuesday, Kingsville Wednesday, Leamington All locations

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____ Work phone: _____

EMPLOYMENT/EDUCATION

Employment

If currently employed, name of employer: _____

Work Address: _____ City: _____

Province: _____ PC _____

Position/Title: _____

Work Schedule: (Please list days and hours worked)



Education: (Please Check)

Less than High School High School GED/Equivalency Some College

Diploma/ Certificate _____ Bachelor's Degree _____

Masters Degree in _____ PHD _____

Are you currently enrolled in school? Yes No

If yes, name of institution: _____

Major: _____ Anticipated date of graduation: _____

Is English your primary language? Yes No

If no, what is your primary language? _____

Are you fluent in any other languages? Yes No

If yes please specify: _____

Why do you want to become a mentor?

Please list your hobbies and/or interests:

Do you have any physical problems or limitations? Please explain:

Are you currently involved in other volunteer activities?



Do you anticipate any changes in your life circumstances that would get in the way of fulfilling your commitment to the mentoring program (moving, new baby, school, employment etc.)

_____ Yes _____ No

If yes, please explain:

Do you have any restrictions and/or preferences regarding the youth you will be matched with?

If yes, please explain:

For legal purposes the Youth and Family Resource Network must have to following information on file:

Have you ever been convicted of a crime(s) or are there are any charges pending against you (other then a minor traffic violation)? _____ Yes _____ No

If yes, please explain:

Have you ever been criminally charged with any crime related to mistreatment, abuse, or molestation of children? _____ Yes _____ No

If yes, please explain:

REFERENCES (Please do not use family members)

1) Full Name: _____ Relationship to you: _____

How long have they known you? _____ Cell phone: _____

Home phone: _____ Work phone: _____ email: _____

When is the best time to contact this person? _____



REFERENCES CONTINUED (Please do not use family members)

2) Full Name: _____ Relationship to you: _____

How long have they known you? _____ Cell phone: _____

Home phone: _____ Work phone: _____ email: _____

When is the best time to contact this person? _____

3) Full Name: _____ Relationship to you: _____

How long have they known you? _____ Cell phone: _____

Home phone: _____ Work phone: _____ email: _____

When is the best time to contact this person? _____

This application will be used to determine whether you will be a match for our mentoring program. Many factors are used to determine eligibility to mentor for Voices of Youth in Community at the Youth & Family Resource Network including availability and reference checks.

The Youth & Family Resource Network does not discriminate with regard to the applicant's race, color, religion, gender or sexual orientation. If you are determined a fit by your application you be contacted for an interview. Completing the application process including the interview and training does not guarantee that you will be matched with a mentee. Your information will, however, be on file. If the program has a mentee available that is determined to be a good match we will contact you to set up a meeting with the mentee.

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all information contained in this application is true. I understand that this application becomes the property of the Youth & Family Resource Network. In the event of the agency's determination of my ineligibility, the reason will not be provided. I understand that if accepted, any false statements on this application will result in immediate termination. I understand it will be necessary for the Voices of Youth in Community Program to conduct a background check regarding my criminal history, personal references, and employment. I authorize The Voices of Youth Program to obtain any needed information regarding my legal/criminal history and personal references for the purposes of participating in the mentoring program.

Signature of Applicant

Date