

How would you describe your personality and how others relate to you?

How would you positively encourage a child or youth?

EDUCATION:

Please list all education completed:

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

If you are a student, is volunteering a course requirement? Yes No
Please state how many hours you require and timeline for completion.

Are you a member of a professional association? If so, please list:

INTEREST:

Please list your interests/hobbies:

EMPLOYMENT AND/OR VOLUNTEER EXPERIENCE:

Present Employer & Position:

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
Please comment on your knowledge:

MATCH CRITERIA:	
Describe the kind of child/youth you would prefer to be matched with (taking into consideration their personality, cognitive abilities, values, and interests):	
Preferred Age Range:	Role Preferred (check all that apply): <input type="checkbox"/> One to One Mentor in Hull Program <input type="checkbox"/> Group Mentor in Hull Program <input type="checkbox"/> One to One Mentor in Community Comments:

AVAILABILITY:	
How long do you see yourself committing to a volunteering role?:	
How many hours/month are you able to commit to:	
List general availability:	Thursday <input type="checkbox"/> Times: _____
Monday <input type="checkbox"/> Times: _____	Friday <input type="checkbox"/> Times: _____
Tuesday <input type="checkbox"/> Times: _____	Saturday <input type="checkbox"/> Times: _____
Wednesday <input type="checkbox"/> Times: _____	Sunday <input type="checkbox"/> Times: _____

DRIVING INFORMATION:	
Do you have a valid Driver's Licence, Registration & Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own a reliable Vehicle and/or have access to a reliable vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able and willing to transport young people in your vehicle? (note: no additional insurance is required) <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES - other than relatives that you have known for a minimum of one year:		
Name:		Relationship:
Phone: (primary)	City:	E-mail Address:
Name:		Relationship:
Phone: (primary)	City:	E-mail Address:
Name:		Relationship:
Phone: (primary)	City:	E-mail Address:

BACKGROUND CHECKS:
Each volunteer Mentor will be required to successfully complete background checks which include Criminal Record Check, including vulnerable sector search as well as Children's Services Intervention Record Check. These will be provided upon successful completion of interview process.

I attest that the information provided in this application is complete, accurate and true. I understand that false statements on this application shall be considered sufficient cause for dismissal.

Name of Applicant (print)

Signature of Applicant

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 mentor recruitment and selection process and will not be shared with anyone outside of the Mentors Matter Program, Human Resources Department, or Executive Management.

Name of Applicant (print)

Signature of Applicant

Date

Name of Witness (print)

Signature of Witness

Date