



## MENTORS MATTER VOLUNTEER MENTOR APPLICATION

The information collected on this form will be used to assess the individual's suitability for the program. Please fill in **all areas** of the application form before submitting to **mentors@hullservices.ca**  
Please ensure that all reference individuals listed on this form have provided consent for their contact information to be share with Hull Services.

APPLICANT INFORMATION		
First Name:	Middle Name:	Last Name:
Address: (Including postal code)		
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 (in case of accident or illness)		
Name:	Relationship:	
Address:	Phone #:	
HEALTH CONSIDERATIONS		
List any health consideration that may impact your volunteering:		
ADDITIONAL INFORMATION		
Gender/Pronoun:		
<p>Hull Services adheres to the <b>Alberta Human Rights Act</b>, which means that we are committed to being a respectful and inclusive environment for everyone.</p> <p>As part of this work, we ensure the confidentiality of your personal information. Information we collect on your gender identity, pronouns, preferred legal names is used to inform matching you with a mentee, and for legal purposes surrounding record-keeping. We always use the pronouns and name with which you identify. If it is not safe for you to use your pronouns and name in certain situations, please tell us so we can help support you in the way that you choose.</p>		
How did you hear about becoming a volunteer Mentor with Hull Services?		
Please list names of anyone you presently know who is employed by or volunteers for Hull Services:		
Why are you interested in becoming a Mentor? 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?

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:*

<b>MATCH CRITERIA:</b>	
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:

<b>AVAILABILITY:</b>	
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: _____

<b>DRIVING INFORMATION:</b>	
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	

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

<b>BACKGROUND CHECKS:</b>
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