**MAP Program: Mentor Application Form**

*Please send your completed form to* [*map@volunteeringact.org.au*](mailto:xxxx@volunteeringact.org.au)

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| **Participant Details** | | | |
| Full Name: | | Preferred Name: | |
| Preferred Pronouns: | | | |
| Contact Email: | | Contact Number: | |
| Preferred Contact Method: □ Phone □ Email | | | |
| **Emergency Contact Details** | | | |
| Name: | Relationship: | | Contact Number: |

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| **Skills and Qualifications** | | | | | | |
| Employment Status | | | | | | |
| □ Unemployed  □ Employed  □ Retired | | Current role:  Most recent role: | | Current employer:  Most recent employer: | | |
| Number of years in paid employment: | | | | | |  |
| What is your highest level of education? (please tick all that apply) | | | | | | |
|  | Currently Completing | | Completed | | Specify Area of Study | |
| School Certificate | □ | | □ | |  | |
| Higher School Certificate | □ | | □ | |  | |
| Certificate or Diploma | □ | | □ | |  | |
| Bachelors Degree | □ | | □ | |  | |
| Postgraduate Degree | □ | | □ | |  | |
| Have you ever volunteered before? | | | | | □ Yes □ No | |
| If yes, what volunteering roles have you held? | | | | | | |

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| **Short Answer Response** |
| What skills would you bring as a mentor to young people? |
| Have you benefited from mentoring yourself? If so, how did it support you in your own professional development? |
| Do you have experience working with people experiencing disadvantage? |

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| **Administration** | | | |
| Availability (please tick all that apply):  □ Weekdays – during business hours  □ Weekdays – outside of business hours  □ Weekends | | | |
| Preferred location for mentoring (please tick all that apply): | | | |
| □ Canberra City  □ Gungahlin  □ Belconnen | □ Inner North  □ Inner South  □ Woden | □ Tuggeranong  □ Queanbeyan  □ Willing to travel to any location | |
| Preferred method of contact: | | | □ Face-to-face □ Virtual |
| Do you have a Working with Vulnerable People (WWVP) card?  If no, would you be willing to obtain one? | | | □ Yes □ No |
| □ Yes □ No |
| How many young people are you interested in mentoring? | | | |
| □ 1 | □ 2 | □ 3+ | |
| How did you hear about the MAP Program? | | | |

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| **MAP Program Privacy Statement** | | |
| The MAP Program is committed to protecting your privacy in accordance with the *Privacy Act 1988* (Cth) and the Australian Privacy Principles. All information collected by the Program is done so to provide a thorough and professional service and to meet our participants' needs. The information we collect includes your name, email address, and telephone number. Your information is stored securely and is not accessible outside of the Program. We do not release or sell any information to any other companies or individuals without your consent. By participating in the MAP Program you agree that your information may be provided to relevant organisations and participants that are also involved in the Program. To access your information, if you have any questions, require more information, or would like to make a suggestion please contact the MAP Program team on 02 6251 4060 or at [map@volunteeringact.org.au](mailto:xxxx@volunteeringact.org.au) | | |
| **Please confirm that you have read and understood the above Privacy Statement** | | |
| *I have read and understood the above privacy statement and consent to the MAP Program collecting and storing my personal information* | | |
| Name: | Signature: | Date: |