** **

**VOLUNTEER MENTOR APPLICATION FORM**

**Personal Details**

|  |  |
| --- | --- |
| Name |  |
| ID Number (for internal use only) |  |
| Address |  |
| Postcode |  |
| Home telephone |  |
| Mobile |  |
| Email address |  |

**Gender**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Man |  | Woman |  | Intersex |  |
| Non binary |  | Prefer not to say |  | If you prefer to use your own term, please specify here |  |

|  |  |  |
| --- | --- | --- |
| Do you hold a full driving licence? | YES | NO |
| Do you have access to a car? | YES | NO |

\*mark as appropriate

**Skills / Experience**

**Are you currently employed?**  Yes / No

*If yes, please state where and in which capacity*

|  |
| --- |
|  |

**Are you currently volunteering elsewhere?**

*If yes, please state where and in which capacity*

|  |
| --- |
|  |

**Are you currently a student?**

*If yes, please state where and what you are studying*

|  |
| --- |
|  |

**Please give details of any past work experience and volunteering which is relevant to this role?**

|  |
| --- |
|  |

**Please outline why you would like to become a volunteer mentor with Ys Girls mentoring?**

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| --- |
|  |

**Please give any other relevant information in support of your application**

*Include hobbies, interests, experiences as these can help support the matching process.*

|  |
| --- |
|  |

**Availability**

Full training will be provided. When would suit you best for volunteering/training? (Please mark availability with an x)

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **(X)** | **Day** | **(X)** |
| Monday Evening |  | Friday Evening |  |
| Tuesday Evening |  | Saturday |  |
| Wednesday Evening |  | Sunday |  |
| Thursday Evening |  |  |  |

Mentors are required to meet up with a young person on a regular basis, with an initial commitment of one session per week for approximately 2 hours. Would this be possible for you?

|  |
| --- |
|  |

**References**

Please give details of two references who we may contact in reference to your application

|  |  |  |
| --- | --- | --- |
|  | Reference 1 | Reference 2 |
| Name |  |  |
| Relationship |  |  |
| Address |  |  |
| Telephone |  |  |
| Email |  |  |
| How long have you known this person? |  |  |

**Agreement and Signature**

I declare that the information given on this form is correct and complete. False or misleading statements may be sufficient grounds for cancelling any agreements made.

|  |  |
| --- | --- |
| Signed |   |
| Date |  |

Due to the nature of the role, each mentor will be subject to a DBS check. If you require any more information regarding this please do not hesitate to get in touch.

**Please complete this application and return it to:**

**Asma Iqbal****asma.iqbal@nottsymca.org**