

Confidential Volunteer Mentor Application Form

Please use BLOCK letters. If you require extra space, please attach additional pages.

Part A – Mentoring Type

I would like to volunteer for:

- Youth Enterprise Hub (YEH) Entrepreneurial mentoring (5 months / 40 hours)
- General vocational mentoring - Community or School based (varied)

Part B – Personal Details

Surname							
Given names							
Preferred name		Gender		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other:		
Address					Postcode		
Postal Address					Postcode		
Telephone	Home		Work		Mobile		
Email							
Date of birth					Volunteers must be over 18		
<input type="checkbox"/> Australian citizen		<input type="checkbox"/> Permanent resident		<input type="checkbox"/> Entitled to live and work in Australia			
Do you have previous volunteering experience?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, with who?							
I have previously or am currently volunteering with INLLEN.				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
I have a current Working with Children check card				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, card number:			Expiry:				

Part C – Emergency Contact Information

Emergency contact name	
Emergency contact phone	
Do you have any issues we should be aware of (eg. health, mobility)?	

Part D – Availability

Please advise your availability:

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(For example: Available Mon, Tue between 9.30am -12.30pm. Not available in December)

Part E – Experience and Interests/Hobbies

Current role	
Organisation	

Briefly outline your professional experience, qualifications, industries, etc. which will help us understand your background and assist with the matching process:

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Briefly outline your interests and hobbies which may be used to assist with the matching process:

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Part F – References

Please provide TWO referees who are NOT family members and who have known you for at least TWO years. Where possible please include email addresses. These people will be contacted prior to acceptance of your application. Please let your referees know that we will be contacting them.

Referee 1	Name	
	Phone (office hours)	
	Email	
	Position/relationship to you	
Referee 2	Name	
	Phone (office hours)	
	Email	
	Position/relationship to you	

Part G – Other Information

Ethnicity information is collected for statistical purposes. Please select one only.

Source: 1249.0 - Australian Standard Classification of Cultural and Ethnic Groups (ASCCEG), 2020

<input type="checkbox"/> Aboriginal and/or Torres Strait Islander	<input type="checkbox"/> Oceanian (Australia, New Zealand)
<input type="checkbox"/> North West European	<input type="checkbox"/> Southern & Eastern European
<input type="checkbox"/> North African & Middle Eastern	<input type="checkbox"/> South East Asian
<input type="checkbox"/> North East Asian	<input type="checkbox"/> Southern & Central Asian
<input type="checkbox"/> Peoples of the Americas	<input type="checkbox"/> Sub Saharan African

Languages spoken other than English (if applicable):

How did you hear about the VME ?

Part H – Mentoring Preference

Please advise of your participation preference (select all that apply).

<input type="checkbox"/> Face to face mentoring
<input type="checkbox"/> Combination of face to face and online mentoring
Comments:
<div style="border: 1px solid black; height: 60px;"></div>

Whilst we are working towards face to face delivery in Schools, COVID-19 restrictions may require online delivery or a blend of face to face and online.

Part I – Declaration/Submission

Volunteer Information Sharing

I agree to my personal information being disclosed to relevant third parties (including but not limited to schools, relevant state Department of Education, and child protection agencies).

Yes No

Volunteer Image Use and Identification

I give permission for the Inner Northern Local Learning and Employment Network to use images of me for training and publicity purposes. I also agree to being identified when images of me are used for training and publicity purposes.

Yes No

Applicant signature		Date	
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(Please type name)

Next Steps

Please save this PDF form, then attach it to an email together with a recent resume and a copy of your Working with Children Check card (if you have one) to info@inllen.org.au.

If you do not have a resume, please provide a timeline of employment as an attachment.

Please note: PRIVACY ACT: The use of all information obtained adheres to the guidelines stipulated in the Privacy Amendment Act 2000. Any personal data collected will be treated as confidential in line with the principles of the Privacy Amendment Act 2000.

For more information about the application process:

Rochelle Darby
INLLEN, Manager Transitions

Call: 0408 036 602

Email: rdarby@inllen.org.au

For more information about the VME:

Website: www.inllen.org.au/vme

