

Dear Sir/Madam

Thank you for your expression of interest in becoming a Mentor for the Leaving Care program.

The Leaving Care program is designed to assist young people, who are currently residing in Foster Care or Residential Care, develop their independent living skills.

The program seeks to provide opportunities for young people to practice the skills they have developed prior to the actual move to independent living. Through the support of Volunteer Mentors we aim to provide young people leaving care with the opportunity to build positive relationships with adults within the community, to promote personal relationships and skills that prevent social isolation.

Mentors play a key role in assisting young people through individual support, advice and guidance and by helping in practical ways that are important in this transitional period of a young person's life.

Please find the following documents within the Applicant Information Package;

- Mentor Application Form (Personal Information)
- Referee Checks
- Mentor Code of Conduct
- Process of becoming a Mentor
- Leaving Care Mentor Position Description

Once you are ready to proceed please complete and return the enclosed documents, with the exception of the last 2 documents which are for you to read and retain.

Please do not hesitate to contact me if you have any questions.

Kind Regards,

Leaving Care Mentor Liaison Officer  
Junction Support Services  
155 Melbourne Road  
Wodonga, Victoria  
Ph: 02 6043 7427  
Mob: 0408 317 880

Wodonga office  
PO Box 1490  
155 Melbourne Road  
Wodonga 3689

Wangaratta office  
PO Box 377  
11 Chisholm Street  
Wangaratta 3676

## Leaving Care Mentor Application Form

### Personal Information

Name:		Date:
Street Address:		
Suburb:		State:
Home Phone:	Work Phone:	
Mobile Phone:	Email Address:	
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	

### Emergency Contact

Name:		
Street Address:		
Suburb:		State:
Home Phone:	Work Phone:	
Mobile Phone:	Email Address:	

### Application Questions

1. Do you have a current drivers (non probationary) licence?

Yes  No

2. Are you able to make the following commitment to the Leaving Care Mentoring Program (excluding personal holidays and unforeseen personal circumstances):

- Participate for a minimum of one year from the time you are matched with a young person
- Meet face to face with a young person fortnightly
- and have phone contact at least once per week
- Attend regular supervision with the Leaving Care Liaison Officer

Yes  No

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4. Are you willing to attend an initial mentor training session and any house training sessions offered during the year?

Yes  No

5. What are the most convenient days & times you are available to meet with your Mentee.

Weekdays:	
Weekends:	

Do you have any medical conditions that we need to be aware of?

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## Reference Checks

I, <name>.....  
consent to any reference checks that may be necessary to support this application.

**Signature:** ..... **Date:** .....

Please provide the names and telephone numbers of **two work or personal referees** whom we can approach for references.

### 1<sup>st</sup> Referee:

Name:	Phone Number:
Organisation:	
Relationship: <i>(e.g., supervisor, manager, lecturer)</i>	

### 2<sup>nd</sup> Referee:

Name:	Phone Number:
Organisation:	
Relationship: <i>(e.g., supervisor, manager, lecturer)</i>	

I confirm the above referees have consented to act as a referee on my behalf and have given me permission to release their contact details to Junction Support Services for the purpose of this application. I understand that failure to gain the consent of the persons listed above to act as referees and provide their contact details may result in Junction Support Services not considering me for participation in the Mentoring program.

I further understand that only information which may assist me to gain volunteer work or assess my suitability for volunteer work will be sought from the referees, and that such information will be handled in accordance with Junction Support Services' Privacy Policy, including the provision of access to that information.

I understand that any false or misleading information given in this application may render my volunteer work, if I am appointed, liable to termination. I declare that to the best of my knowledge, the above information and that submitted in any accompanying documents is correct.

**Applicant's Signature:** ..... **Date:** .....

## Photography Authorisation Form

### MENTOR / MENTEE INFORMATION:

Name:		Date:
Street Address:		
Suburb:		State:
Home Phone:	Work Phone:	
Mobile Phone:	Email Address:	
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	

### PROVISION OF CONSENT:

Junction Support Services would like to use photographs for celebratory events (i.e. Youth Mentoring Week, Christmas functions), promotional material (i.e. brochures, posters, newspaper advertising), and also would like to proudly display a graduation photo when mentees successfully gain their provisional licence.

Junction Support Services agrees not to use the photographs in a manner that may be deemed adverse or defamatory to you.

- I give permission for my photograph to be used by Junction Support Services
- I do not give permission for my photograph to be used by Junction Support Services

### AUTHORISATION:

I <name> \_\_\_\_\_ acknowledge and agree to the above conditions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Mentors Code of Conduct

All Leaving Care Mentors should understand and agree to work in accordance to the following code of conduct. Any violation of this contract may result on termination of the position.

**In choosing to participate in the Leaving Care Mentor program I agree to:**

- 1) Follow all rules, guidelines, agency program policies and code of conduct outlined by the Leaving Care mentor Liaison Officer.
- 2) Undertake a 'Working With Children Check' a 'Police Check' and a VicRoads/RMS 'Driver History Report. All Costs associated with these will be reimbursed to the volunteer by Junction Support Services.
- 3) Keep all information discussed between myself and Mentee in strict confidence unless it contravenes your Duty of Care. Always discuss any concerns with the Program Coordinator in the first instance.
- 4) Maintain moral and ethical standards.
- 5) Treat all people with dignity and respect.
- 6) Never consume alcohol, tobacco or controlled substances in the presence of a Mentee.
- 7) Do not lend money, or give/receive gifts (other than small gifts of chocolate or flowers).
- 8) Be a positive role model to Mentees and be reliable, consistent, honest and be tolerant of individual differences, values and viewpoints.
- 9) Notify the Program Coordinator if I have any changes in address, phone number, or personal circumstances.
- 10) Participate in a closure process when/if required with Mentees.

I<name>.....  
acknowledge and agree to abide by the code of ethics stated above.

Signature: ..... **Date:** .....

## Process of becoming a Leaving Care Mentor

