

## **Better Futures Mentor Expression of Interest**

| Personal Details   |                                     |  |  |
|--|-------------------------------------|--|--|
| First Name   |                                     |  |  |
| Surname  |                                     |  |  |
| Gender   | □ Female □ Male □ Prefer not to say |  |  |
| Home Address   | Suburb: Postcode:                   |  |  |
| Email  |                                     |  |  |
| Home Phone   | Mobile                              |  |  |
| Preferred contact number   |                                     |  |  |
| Date of Birth  |                                     |  |  |
| Occupation   |                                     |  |  |
| Do you have any existing medical conditions that may affect your participation in this program and/or your ability to drive? |                                     |  |  |
| □ No □ Yes (please list below)   |                                     |  |  |
| Are you of Aboriginal or Torres Strait Islander descent?   |                                     |  |  |
| □ No □ Yes, Aboriginal □ Yes, Torres Strait Islander □ Prefer not to say   |                                     |  |  |
| Do you speak another language other than English?  |                                     |  |  |
| □ No □ Yes   | If yes, what language?              |  |  |
| Licence No - Stat  | te Expiry Date                      |  |  |
| Mentee preference  | ce □ Female □ Male □ No preference  |  |  |







| Emergency Contact   |  |        |  |
|---------------------|--|--------|--|
| Name                |  |        |  |
| Relationship to you |  |        |  |
| Home Address        |  |        |  |
| Home Phone          |  | Mobile |  |

| Refer<br>member | · ·          | applicant for min 12 months, and must not be family |
|-----------------|--------------|---|
| 1               | Name         |   |
|                 | Organisation |   |
|                 | Relationship |   |
|                 | Phone        |   |
| 2               | Name         |   |
|                 | Organisation |   |
|                 | Relationship |   |
|                 | Phone        |   |
| 3               | Name         |   |
|                 | Organisation |   |
|                 | Relationship |   |
|                 | Phone        |   |

| Availability (please indicate your availability for volunteering) |  |   |  |
|---|--|---|--|
| Day   |  | Available Time(s)                           |  |
| Monday  |  | 7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm |  |
| Tuesday   |  | 7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm |  |





|               |         | Junction<br>Support Services  |
|---------------|---------|---|
| Wednesday     |         | 7-9am, 9-12pm, 12-3pm, 5-5pm, 5-7pm, 7-10pm<br>7-12pm, 12-3pm, 5-7pm, 5-7pm, 7-10pm<br>7-12pm, 12-3pm, 5-7pm, 5-7pm, 7-10pm |
| Thursday      |         | 7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm   |
| Friday        |         | 7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm   |
| Saturday      |         | 7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm   |
| Sunday        |         | 7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm   |
| Why are you a | pplying | g to be a mentor with the Better Futures Program?   |
|               |         |   |
|               |         |   |
|               |         |   |
|               |         |   |
|               |         |   |
|               |         |   |
|               |         |   |
|               |         |   |
|               |         |   |
|               |         |   |
|               |         |   |
|               |         |   |

| Conditions of Volunteering  |            |  |
|---|------------|--|
| I agree to undertake all training relevant to the Better Futures<br>Program | □ Yes □ No |  |
| I am willing to commit one year to the program at a minimum                 | □ Yes □ No |  |
| I am willing to commit tohours per week/fortnight.                          | □ Yes □ No |  |
| I am accepting of young people from challenging backgrounds and behaviours  | □ Yes □ No |  |
| I agree to undertake a Working with Children Check (Volunteer)              | □ Yes □ No |  |





| Suppo  | ort Services                            |
|--|---|
| I have never been the subject of an accusation of sexual misconduct.   | ☐ Agree<br>res since 1989<br>☐ Disagree |
| Given the special nature of the mentor program, I understand and accept that, if I am accused of sexual misconduct or inappropriate behaviour, I may be asked to leave the mentorship program. | □ Yes □ No                              |
| I agree to undertake a Police Check  | □ Yes □ No                              |
| I give permission for photos taken of me participating in Better Futures Program to be used for promotion purposes   | □ Yes □ No                              |
|  |   |
| Signature: Date:   |   |

Junction .

The personal information in this form is for the purpose of registering you as a volunteer with the Better Futures Program. The information will be used for this purpose only and will not be disclosed to other organisations unless required to do so by law.



