

## Mentor Expression of Interest Form

Personal Details			
First Name			
Surname			
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say		
Home Address	Suburb: _____ Postcode: _____		
Email			
Home Phone	<table border="1"> <tr> <td></td> <td>Mobile</td> </tr> </table>		Mobile
	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?			
<input type="checkbox"/> No <input type="checkbox"/> Yes (please list below)			
Are you of Aboriginal or Torres Strait Islander descent?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander			
Do you speak another language other than English?			
<input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, what language? _____			
Licence Number	<table border="1"> <tr> <td></td> <td>Expiry Date</td> </tr> </table>		Expiry Date
	Expiry Date		
WWCC Number	<table border="1"> <tr> <td></td> <td>Expiry Date</td> </tr> </table>		Expiry Date
	Expiry Date		
Learner driver gender preference	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No preference		

### Emergency Contact

Name

Relationship to you			
Home Address			
Home Phone		Mobile	

**References** (*known to applicant for min 12 months, and must not be family members*)

1	Name	
	Organisation	
	Relationship	
	Phone	
2	Name	
	Organisation	
	Relationship	
	Phone	

### Availability *(please indicate your availability for volunteering)*

Day	Available Time(s)
Monday <input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm
Tuesday <input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm
Wednesday <input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm
Thursday <input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm
Friday <input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm
Saturday <input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm
Sunday <input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm

### Why are you applying to be a mentor with the TAC L2P Program?

### Conditions of Volunteering

I agree to undertake all training relevant to the TAC L2P Program	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am willing to commit one year to the program at a minimum	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am willing to commit to ___ hours per week/fortnight.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am accepting of young people from challenging backgrounds and behaviours	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am willing to take on a coaching role rather than an instructing role	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to undertake a Working with Children Check (Volunteer)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have never been the subject of an accusation of sexual misconduct.	<input type="checkbox"/> Agree <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No



I agree to undertake a Police Check	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for the L2P Coordinator to undertake a Driver Licence History Report on my behalf	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree that I have never been banned or dismissed from another TAC L2P Program	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my information to be shared with the Department of Transport for reporting purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for photos taken of me participating in TAC L2P Program to be used for promotion purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The personal information in this form is for the purpose of registering you as a volunteer with the TAC L2P 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.





The TAC L2P Program is a joint partnership between the Transport Accident Commission and VicRoads, supported by the Victorian Government.