

MENTEE APPLICATION FORM

Dear Nominee,

Please write below why you would like to be a part of the program and tell us how you would make sure you are committed to participating in the workshops and activities. Please also tell us if there is anything you think we should know that would help us make your experience with the SISTER2sister Program a learning, fun and inspirational time for you.

Thank you

The SISTER2sister Program Team

Program Location: Sydney

Program Year: _____

Full Name: _____

Date of Birth: _____ Age: _____

Mentee Home Address: _____

_____ Postcode: _____

Mentee Mobile: _____ Mentee Home Number: _____

Mentee Email: _____

Do you have Facebook?: YES NO

Name of School: _____

Current Year at School: _____

Do you have access to the internet/email so you can see updated information on the upcoming activities and transport information? YES NO

T-shirt size: 8 10 12 14 16 18

How did you hear about the SISTER2Sister program?

Friend Teacher/counsellor Internet Family Caseworker Other

<p>Why do you want a Big Sister Mentor? (for help with school work, advice, friendship, etc)</p>	
<p>What kind of person would you like your mentor to be? (a good listener, active in sports etc)</p>	
<p>What are five words that best describe you?</p>	
<p>Please list three things that you are good at?</p>	
<p>Is there anything you want to change about yourself?</p>	
<p>What clubs, activities or sports are you involved with?</p>	
<p>Are they held on Saturday's?</p>	
<p>What kinds of activities would you like to do with the SISTER2Sister program?</p>	
<p>OPTIONAL: Tell us anything that you would like us to know about yourself that may help us find the best Mentor for you? (religion, culture, hobbies, interest etc)</p>	

Full Name of Mentee: _____

Mentee Signature: _____

Full Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

We will do our best to match you with a mentor who has similar interests and who we think will be a good role model for the upcoming year.

You should have contact with your mentor via telephone, email, SMS, Facebook or in person.

You will be required to attend every group outing with the SISTER2Sister program held once a month on a Saturday. You will be advised of the dates of these fun outings upon acceptance into the SISTER2Sister program.

In order to gain the most from the program, you need to make an effort and a commitment to actively participating in the workshops and activities, just like your Mentor.

Please answer the following questions.

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|---|-----|----|
| 1. Will you try your best to be in contact with you Mentor as agreed? | YES | NO |
| 2. Will you try your best to attend every monthly SISTER2Sister outing? | YES | NO |
| 3. Will you call us if you have any trouble getting to an event in advance so we can make arrangements to assist you? | YES | NO |

Please write in your own words why you would like to be a Little Sister in the program

Completed applications for the SISTER2sister Program should be submitted by the deadline dates provided on the website at www.lifechangingexperiences.org

Mail to : Suite 1A3, Level 1A, 410 Elizabeth Street, Surry Hills NSW 2010

Fax to : 02 9211 8196 OR

Email to: enquiries@lifechangingexperiences.org

SUBMIT