

# MENTOR APPLICATION FORM

(THIS IS AN ELECTRONIC FORM THAT CAN BE FILLED IN AND EMAILED TO [ENQUIRIES@LIFECHANGINGEXPERIENCES.ORG](mailto:ENQUIRIES@LIFECHANGINGEXPERIENCES.ORG).  
IF HAND WRITTEN, **PLEASE PRINT CLEARLY.**)

Personal information provided on this form will be handled in a manner consistent with applicable Privacy Laws.

Select your **Program** and **Location** below :

**SISTER2sister** Program  Sydney

**ONE2one** Program  Sydney  Melbourne  Adelaide  Brisbane  Canberra  
 Darwin  Hobart  Perth

**Program Year :** \_\_\_\_\_

## Section A

Full name: \_\_\_\_\_

Any previous name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Length of time at current address : \_\_\_\_\_

Home Phone : \_\_\_\_\_ Mobile Phone : \_\_\_\_\_

Email: \_\_\_\_\_

If you have been living at your current address for less than one year, please note your previous address:

## EMERGENCY CONTACT:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Mobile Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_

## Section B

How did you learn/hear about the SISTER2sister and/or ONE2one program? \_\_\_\_\_

Have you previously applied to be a Mentor?  YES  NO (please tick as relevant)

If yes, which year did you volunteer and with which agency? \_\_\_\_\_

## Section C (please tick as relevant)

Occupation:  Employed  Student  Home Duties  Unemployed  Retired

Name of Employer or Educational Institute: \_\_\_\_\_

Length of time with current employer or institution: \_\_\_\_\_

Work Address if applicable: \_\_\_\_\_

Occupation or area of study: \_\_\_\_\_

Can we contact you during business hours?  YES  NO Day time Telephone : \_\_\_\_\_

Would you be available for interviews during business hours?  YES  NO

Please list previous employment (up to 10 years prior):

Employer	Dates employed	Position held

Please list all voluntary work experience:

Organisation	Dates worked	Position / Role

Please name all clubs, groups or organisations to which you belong or are a member:

**Section D**

What is your current relationship status? \_\_\_\_\_

Do you have any children?  YES  NO      Number of children : \_\_\_\_\_

Ages of boys: \_\_\_\_\_ Ages of girls: \_\_\_\_\_

**Section E**

*Volunteers may be matched with young people from a similar cultural and/or religious background.*

Background (cultural/religious): \_\_\_\_\_

Languages spoken: \_\_\_\_\_

### Section F

Volunteers often choose to collect and return their Mentee from their place of residence.

Do you have a current Driver's Licence?  YES  NO

Driver's Licence number : \_\_\_\_\_ Expiry date : \_\_\_\_\_

Do you own or have access to a vehicle?  YES  NO

Is your vehicle registered and in a roadworthy condition?  YES  NO

### Section G

Do you have any health conditions or disability which may impact upon your involvement in the program?  YES  NO

If yes, please specify : \_\_\_\_\_

### Section H

Some laws prevent people from working with young people if they have certain criminal convictions. Life Changing Experiences Foundation seeks to protect the safety of our Mentees by excluding applicants with certain criminal convictions.

1. Have you been charged or convicted of any offence\*; received a finding of guilt (either with or without conviction), good behaviour bond or other court order; and/or have any matters awaiting court hearing or current investigation?  YES  NO If yes, please specify:

*NB. You are under no obligation to provide details of spent convictions unless they relate to 'designated offences', which must be disclosed. 'Designated offences' are any sexual offences and any offences against the person if the victim of the offence was under 18 at the time the offence was committed. You should disclose any such offences.*

2. Have you been arrested, charged or convicted of any criminal offence and/or have any charges pending?  YES  NO If yes, please specify:

3. Do you consent to undertaking a National Criminal Record Check and signing a Prohibited Employment Declaration?  YES  NO If yes, please specify:

Place of birth : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*NB. If you choose not to consent to such checks, Life Changing Experiences Foundation will not be able to consider your application. Any offer of a voluntary placement will be subject to a satisfactory NCRC and WWCC.*

### Section I

Why do you want to become a Mentor?

What do you hope your mentorship with a young person will achieve?

Is your household, or persons significant to you, supportive of you becoming a Mentor?  YES  NO

### Section J

Have you resided in an overseas country for a period of 12 months or longer during the past 10 years? If yes, please specify and indicate if there is a chance you may choose to return overseas during the program. Please also note that if you have been overseas in the past ten years you will need to complete a criminal record check in the relevant country of residence:

What is your official citizenship and residence status?

### Section K

Do you sincerely feel you can meet the minimum commitment of one face to face 'Mentor meeting' per month for 12 months *(for SISTER2sister Program applicants only)*?  YES  NO

Do you sincerely feel you can meet the minimum commitment of one full Saturday every month and four days full-time residential camp during April 2010 *(for SISTER2sister Program applicants only)*?  YES  NO

Do you sincerely feel you can meet the minimum commitment for 12 months *(for ONE2one Mentoring Program applicants only)*?  YES  NO

Are you anticipating any changes to your circumstances in the next year that may impact upon your match (e.g. marriage, moving residence, employment, children etc.)?  YES  NO

If selected, do you agree to maintain regular contact with staff for support and supervision?  YES  NO

Do you agree to participate in training?  YES  NO

Do you agree to undertake a 100 Point Identity Check?  YES  NO

Is there anything else that Life Changing Experiences Foundation should know about you that would help us with assessing your application?  YES  NO

Please explain:

**Your Interests and Hobbies:** (Please also include what you would enjoy doing with your Mentee).

1. Team Sports – (What do you play or watch, which teams?)

2. Individual Sports – (e.g. swimming, rollerblading, surfing)

3. Outdoor Activities – (e.g. fishing, camping, bush walking)

4. Handicrafts – (e.g. model making, art, sewing, wood work)

5. Reading – (e.g. books, mags)

6. TV/Videos/Movies – (which shows, types?)

7. Music - Active – (e.g. playing an instrument, singing)

8. Music - Passive – (What type of music, favourite groups?)

9. Passive Games – (e.g. cards, board games, computer games)

10. Others – (e.g. cars, shopping, cooking, animals etc)

### Referee Nomination

Please nominate at least three referees; a current employer/supervisor (employment, voluntary work or study), a friend and a third person as a character referee. Please nominate referees who have known you for a minimum of 2 years, except for employer/supervisors who are required to have known you for a minimum of 12 months. Except as otherwise required by law, all references are confidential.

#### 1. Current Employer/Supervisor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_

Mobile Phone : \_\_\_\_\_ Email : \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

#### 2. Friend referee:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_

Mobile Phone : \_\_\_\_\_ Email : \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

#### 3. Character referee:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_

Mobile Phone : \_\_\_\_\_ Email : \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

#### 4. Character Referee – someone who knows how you interact with persons aged 12-17 if possible

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_

Mobile Phone : \_\_\_\_\_ Email : \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

#### Section L

Are you available to assist The Life Changing Experiences Foundation in other areas? Please tick.

- Fundraising
- Promotion/Publicity
- Volunteer Recruitment
- Administration
- Event Management
- Other (please specify)

#### Privacy Notice and Authorisation for Release of Personal Information

*(Please tick your agreement below for each section)*

All personal information will be collected and handled by Life Changing Experiences Foundation (LCEF) in accordance with our Privacy Policy. If you would like a copy of this policy, please ask for one.

#### Collection of information

The personal information (including sensitive and health information) that is collected by LCEF is information necessary for its functions and activities. In particular, it is necessary to:

- Assess suitability
- Establish matches
- Promote health and safety
- Promote the best interests of the young person; and
- Protect the longevity of matches.

LCEF may request disclosure of personal information during the application and selection process and from time to time during participation in the program. If you do not provide this information, we may not be able to process your application or you may be removed from the program. Where you provide personal information about other people, you must ensure that those people are aware that this information is being collected and used by LCEF for its functions and activities.

I AGREE     I DISAGREE

**Disclosure**

Generally, your personal information will be kept in the strictest confidence. However, relevant information will be released in limited circumstances where:

- a) disclosure is consistent with the primary purposes for which the information was collected;
- b) where you have provided your consent to the disclosure of such information; or
- c) where the law otherwise requires or authorises us to disclose that information.

For example, your personal information may be disclosed to parents and/or guardians with a direct responsibility for your Mentee who has been pre-screened and is actively being considered for a match with you. Your name will be kept confidential until you are matched to your Mentee.

We may also provide personal information about individuals to other LCEF programs or others who assist us in providing services, including (amongst others) legal or professional advisers. Unless you contact us to request otherwise, your personal information will be included in the LCEF volunteer database.

I AGREE     I DISAGREE

**Access**

You may request access to your personal information by contacting LCEF – The National Program Manager.

**Authorisation**

- I acknowledge that it is necessary for LCEF to collect personal information about me in order to discharge its functions and activities.
- I undertake to co-operate with the collection of personal information during the selection process and, if I am accepted into the program, as required from time to time.
- I understand that I am required to inform LCEF of any changes to my circumstances during involvement in the program.
- I understand that a failure to disclose personal information may result in LCEF refusing to accept my application or removing me from the program.
- I hereby authorise any agencies, individuals or other entities such as (but not limited to) past or present employers, educational institutions, law enforcement agencies, social services, other LCEF Agencies and other such entities with which I have had contact, to release any information about or relating to me and requested by LCEF which may be relevant to my involvement with LCEF.
- I agree that a photocopy of this authorisation is sufficient evidence of my consent to the release of any information about or relating to me to LCEF.

I AGREE     I DISAGREE

**Optional Consent for Evaluation and Research**

From time to time, LCEF conducts research into its services, in order to improve and report on those services. Sometimes this research can be conducted using de-identified information, however on other occasions it is preferable for personal information to be used. By providing the consent below, you can contribute to improving the effectiveness of this research.

I AGREE     I DISAGREE

By ticking "I agree" to all the clauses above, I have agreed to the relevant personal information (including sensitive and health information) being held by LCEF about me, and its use and disclosure by LCEF and its research providers for the research purposes described above. I understand that research providers will be subject to confidentiality obligations and that my personal information will not be included in the published findings of that research without my further consent.

Name of Applicant : \_\_\_\_\_

Signature of applicant : \_\_\_\_\_ Date : \_\_\_\_\_

## Position Description for Mentors

### Reporting Structure

Mentors report to the Team Leader, who in turn reports to the National Program Manager, Life Changing Experiences Foundation. The Team Leader is supported by a qualified Psychologist allocated to each Team/State, the National Program Manager and through the Life Changing Experiences Foundation Support Network Structure.

### Primary Function

To mentor your allocated Mentee by being a positive role model at the Butterfly Boot Camp (where relevant), at the monthly outings and workshops, at team building events and during online conversations, once completing the Mentor Training Program. The definition of mentoring is the development of a one-on-one relationship where a more experienced person helps a less experienced person achieve their goals.

### Roles and Responsibilities

- ✔ Attendance and participation in Outings, Workshops, Meetings and Training
- ✔ Helps Mentee to identify and achieve goals
- ✔ Be a positive role model and coach
- ✔ Builds mutual respect and instils trust
- ✔ Focus on building and encouraging self esteem
- ✔ Distinguishes between facilitating options and solving problems
- ✔ Maintains confidentiality and sets clear boundaries in line with Life Changing Experiences Foundation Policies
- ✔ Complete required documentation within the Life Changing Experiences Foundation Evaluation Process on a monthly basis
- ✔ Liaison within the Life Changing Experiences Foundation Support Structure
- ✔ Report under the Duty of Care Policy where required
- ✔ Encouraged to make weekly contact by email or phone or sms
- ✔ Is usually one more link in an already established chain of support for the Mentee (school counsellor etc)
- ✔ Not expected to be an expert, authority or supervisor
- ✔ Not expected or encouraged to meet Mentee outside of monthly schedule, unless in line with SISTER2sister Program Policies, particularly the One on One Policy (this is specifically for participants in the SISTER2sister Program)

### Key Performance Indicators (KPI)

Tangible ways of measuring Roles and Responsibilities, where possible:

- ✔ Attendance at 100% of the Training Program
- ✔ Commitment to participate in and commit to the relevant program for a twelve month period
- ✔ Attendance at 100% of the Butterfly Boot Camp (SISTER2sister Program participants only)
- ✔ Attendance at 100% of Graduation Day
- ✔ Attendance at 75% of ALL Outings and Workshops
- ✔ Attendance at 75% of the Mentor Meetings
- ✔ Encourage your Mentee to attend Outings and Workshops, as best you can
- ✔ 100% recording of all notes relating to mentees online in a timely manner including flagging critical points for the Team Leader

### Skills and Experience

- ✔ No formal qualifications are required
- ✔ Previous mentoring experience is advantageous (ie, teaching, nursing, counselling, business, etc)
- ✔ Exceptional listening skills
- ✔ Exceptional questioning skills
- ✔ Good communication skills

### Personal Attributes

- ✔ Kind, patient, caring, sensitive
- ✔ Reliable, committed and dedicated
- ✔ Punctual and trustworthy
- ✔ Non judgemental, unconditional and open-minded
- ✔ Shows honesty and integrity, and leads by example
- ✔ Shows respect of Mentee's privacy and confidentiality
- ✔ Empathetic and positive
- ✔ Shows self awareness and knows own limitations
- ✔ Able to genuinely listen and understand

### Remuneration and Benefits

- ✔ This is a volunteer position, and as such there is no formal remuneration
- ✔ Benefits will potentially arise throughout the program
- ✔ Free Training Program

### Career Development

A Mentor who wishes to take on more responsibility, could move into a Team Leader position if and when they become available. If this is the case, it is advisable to let your current Team Leader know, such that you are given the appropriate assistance to make this transition when available.

### Mentor's Rights

- ✔ Integrity and honesty
- ✔ A safe environment, free from physical or verbal abuse
- ✔ Mutual respect
- ✔ Clear guidelines on expectations through policies which are well communicated
- ✔ Confidentiality
- ✔ Valued and accepted by Life Changing Experiences Foundation and its youth initiatives including the SISTER2sister Program and the ONE2one Mentoring Program
- ✔ Debriefing and counselling support from qualified professionals, where required
- ✔ Ability to discontinue if circumstances require it

Completed applications for the SISTER2sister/ONE2one Mentoring Programs should be submitted by the deadline dates provided on the website at [www.lifechangingexperiences.org](http://www.lifechangingexperiences.org) (usually by 1 February of each year).

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

**Fax to :** 02 9211 8196 OR **Email to :** [enquiries@lifechangingexperiences.org](mailto:enquiries@lifechangingexperiences.org)

To **SUBMIT** your application form via email [click here](#)