

MENTOR FOR A DAY

Mentor Volunteer Application Form

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

Please fill in all the details to participate in the **Mentor for a Day** Program:

Select your **Location** below :

- | | | | | |
|---------------------------------|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Sydney | <input type="checkbox"/> Melbourne | <input type="checkbox"/> Adelaide | <input type="checkbox"/> Brisbane | <input type="checkbox"/> Canberra |
| <input type="checkbox"/> Darwin | <input type="checkbox"/> Hobart | <input type="checkbox"/> Perth | | |

Date : _____

Full Name : _____

Date of Birth : _____

Company : _____

Department : _____

Mobile Phone Number : _____ Work Phone Number : _____

Email Address : _____

Address : _____

Postcode : _____

Emergency Contact Name : _____ Mobile Number : _____

As this event is catered, please list any food allergies or restrictions you may have.	
Do you have any medical conditions that we should be aware of?	

Please tick the check box to authorise / agree with the following statements:

- I agree to keep any and all information I may learn about the Mentees who participate in the **Mentor for a Day** program completely confidential for their safety and duty of care.
- I agree to allow Life Changing Experiences Foundation Ltd to use any video or photographic images taken while participating during the **Mentor for a Day** program for media, fundraising or as required to support the activities of the Foundation.



- Yes, I would be interested in facilitating the cooking demonstration for the **Mentor for a Day** Program.
- Yes, I would be interested in facilitating a workshop for the **Mentor for a Day** Program (please request a program information sheet for optional workshop topics).
- Yes, I would be interested in facilitating the ice breaking games for the **Mentor for a Day** Program.

Please check that you have filled in and provided to Life Changing Experiences Foundation Ltd. the following which enable you to participate in the **Mentor for a Day** Program:

- Application form
- Working with children (also available from www.lifechangingexperiences.org—the program tab for the **Mentor for a Day** Program)

- Participation payment **\$40**

Please make payment by EFT / Direct Debit to:

Life Changing Experiences Foundation Ltd

Bank: ANZ Rose Bay

BSB: 012396 **Account Number:** 107971085

Reference: [first five letters of your last name]M4D

NOTE: All payments for an event must be received into the above account 7 days prior to the event date.

Please sign below to acknowledge that you are the applicant and agree to all of the above.

Name of applicant : _____

Signature of applicant : _____ Date : _____

Please ask your supervisor to confirm by signing below that you are authorised to take the day off to participate in this program.

I, _____ (print name) confirm that I supervise
 _____ (print applicant name) at
 _____ (company name) and that he/she is authorised to take the
 day off work to participate in the **Mentor for a Day** program on _____ (date).

Signature of supervisor : _____ Date : _____

Completed applications should be submitted by ...

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